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THE JOURNAL OF AYURVEDA

जनवरी, फरवरी, मार्च, अप्रैल
मई, जून, जौलाई, अगस्त
सितम्बर, अक्तूबर, नम्बर
दिसम्बर १-६५१

१२ अंक

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(Monthly)
JANUARY 1951 to Dec. 1951

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THE JOURNAL OF AYURVEDA

UNDER THE PATRONAGE OF THE ALL INDIA AYURVEDIC CONGRES

Dedicated to the Service of Physicians throughout the World

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जीवेम शरदः शतम्
(शुक्ल यजुर्वेद ३६।२४)
मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 3 December, 1951 No. 12

EDITORIAL

With the close of December 1951, we shall be completing the 3rd year of our service to the Medical Science especially to the Ayurvedic world. Although much of the spade work has been done yet we have not achieved in full our aims and objects. Where as on one hand it is our sacred duty to maintain and develop Ayurvedic Science on the other hand it is as much our charges as that of the Government to improve public health.

Since the time this journal has been accorded patronage by the All India Ayurvedic Congress it has been the means of eradicating much misunderstanding which was prevalent in official circles regarding Ayurvedic Science which is now being recognised by all the State Governments who have established Boards of Ayurvedic and Unani systems of medicine throughout the whole country. The different states have now took upon themselves to open Ayurvedic Colleges and Directorates of Health and Ayurveda. These two combined together shall result in increased educational facilities to the Ayurvedic students and shall be one of the means to appeal to the public to resort to Ayurvedic treatment. With all this, the Central Government has not condescended to start a Central Board of Ayurvedic and Unani systems of medicine and Directorate of Health and Ayurveda and they are in a sort of quagmire as to what to do in the matter. The Central Government shall now be up and doing and should do its best to restore the oldest and national system to its proper standard.

We feel ashamed to admit here that we have not received full co-operation from the members of the Editorial Board which had it been forthcoming would have resulted in better and quicker achievements of our aims and objects. None the less we are greatly indebted to those who have not shirked their responsibility and

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have rendered us all the possible assistance in furthering our cause by contributing valuable articles on different aspects of Ayurvedic Science. However the members of the Editorial Board have now promised to contribute their mite by contributing articles on clinical cases, new researches and treatment. With our joint effort and co-ordination, we hope to bring the Ayurvedic Science to a better level as compared with other Medical Sciences.

Although the number of our subscribers has increased every year yet it is essential that our every subscriber should exercise his best efforts in procuring a couple of subscribers so that we may be in a position to increase the volume of the Journal and to provide them with more material for their study.

At the end we would appeal to our brother vaids to support those members of the public in the coming election who have helped the Ayurvedic cause so that they may bear our interest in mind and advocate our cause when they join the state Assembly and Parliament.

In conclusion, we would request our subscribers and patrons to renew their subscriptions before the beginning of the next year.

Mg. Editor.

Urification of Crude Drugs & its Processes

As Followed in Ayurvedic Pharmacology

By

VAIDYA P. V. DHAMANKAR AYURVEDA BHUSHAN

Pardeshi Lane, Panvel (Kolaba), Bombay.

Dhootpapeshwer Industries Limited.

Purification of crude drugs is of prime importance in the Ayurvedic pharmacy. All drugs cannot be administered in their natural form. Skins and stones of the fruits are required to be removed, green vegetables are to be sorted out, and washed, in some vegetables first water of boiling is required to be strained away. Similarly the drugs are to be purified before administration.

In the case of a patient, his bodily functions are subnormal, and so such a substance to be administered, needs to be prepared in such a way as it would be easily digested, absorbed and assimilated and thus would help him in the cure of his disease.

Definition :—

It is not possible to define the word purification from Ayurvedic point of view, in measured words. It is a set of pharmaceutical operations which includes sorting, detoxicating, potentising etc. The modern pharmacology is also required to

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use different terms to give a comprehensive idea of drug purifications. e. g. to cleanse, to clarify, to purify, to sift, to distil, to dehydrate, to filter, to peel, to polish, to sort, to strain, to unhusk, to wash, etc. It is therefore necessary to understand the definition properly.

Methods and Objects of Purification :—

The processes of purification are internal and external, as well also physical and chemical. They are employed to achieve different motives and purposes, such as :

1.	sorting	e. g. piper longum.
2.	cleansing	,, ,, bilawa.
3.	dehydrating	,, ,, alum.
4.	detoxicating	,, ,, hemp.
5.	unhusking	,, ,, datura seeds.
6.	excication	,, ,. borax.
7.	removal of poisons	,, ,, abrous precatorious.
8.	rarefication	,, ,, ochre (iron).
9.	render brittle	,, ,, diamond.
10.	render quickly assimilable	,, ,. opium.
11.	diminish penetrating smell	,, ,, asafoetida.
12.	,, strong small	,, ,, allium sativium.
13.	diminish poison from	,, ,, nerium odorum.
14.	diminish sharpness from	,, ,, plumbago zylenica.
15.	stickiness diminution or...from	balsomodendron mukul.
16.	toughness diminution of...from	mica.
17.	depressant action...diminution of,	from.....aconite.
18.	make digestible	castor oil seeds.
19.	make easily absorbable	benzoin.
20.	make easy for mixing	camphor.

Above are the various objects to be achieved by adopting various purification processes. It is always better to carry out the most essential ones first.

Processes of Purification :—

These may be ennumerated as follows :—

1. Unhusking.
2. washing.
3. immersion in fluids.
4. immersion in fluids after heating.
5. digestion.
6. sublimation.
7. distillation.
8. frying.
9. treatment with fluids.
10. sorting.
11. drying.
12. sprinkling.
13. placing.
14. steaming.

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Each is explained below.

1. **Unhusking.**

Removal of cuticle from Cinnamon, ginger, asperagus, and the like. It must be removed and this is easily done when they are fresh. Pointed and sharp weapons, and skill on the part of the operator are necessary.

2. **Washing.**

Sesamum, mustard and such other substances are immersed in water and the husk, earth and other debres are removed. This may be said to be the external and physical cleansing.

Substances like opium are dissolved in water and the dissolved portion is accepted anh the residue is rejected. This is internal cleansing.

Red and yellow opriments are insoluble in water and are required to be boiled in different fluids. All the above three are included in the process of washing.

3. **Immersion.**

In this process the substance to be purified is immersed in certain fluids. This process is influenced by the time, the temperature and the fluid employed for the purpose. Proper temperature arrangements are necessary since lower temperature may decompose and the higher temperature may destroy the substance. Flat open basin and warm weather are essential. The purifying fluid and the drug to be purified are mixed together. Quantity of purifying fluid should be sufficient to immerse the drug completely in it. Basin covered with a thin muslin piece, is placed in an open space, early in the morning. In the evening the fluid is drained away and the drug is spread over a piece of cloth. Next morning fresh fluid is added and immersion is carried on. Rainy season, cloudy weather, and marshy place are unsuitable for this operation.

4. **Immersion in fluid after heating.**

Metals, alloys, precious stones and some minerals are required to be carried through this process. They are melted and are poured into the purifying fluid in this melted condition only. This requires caution and skill on the part of the operator. Since due to sudden reduction of temperature, the hot metal may forcibly spurt out and injure the operator. This is especially the case with tin, zinc and lead. It is therefore good to take a small basin of iron with a long handle instead of a big basin. The former is easy to manipulate.

5. **Digestion.**

This process is ment for substances which can be purified by means of hot water. Red orpiment is purified by suspending its bundle into boiling water. Honey is purified by heating it on a water bath.

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6. **Sublimation.** ऊर्ध्व पातन (*Urdhwapatan*)

A distilling apparatus known as Damaru yantra (डमरू यन्त्र) is used. Two earthen pots are placed one over the other mouth to mouth and fixed together. The lower one contains the substance to be sublimated and the apparatus is mounted in an oven. As the heat is applied and the required temperature is reached the subliming substance is evaporated and the vapours rise up and condense and settle in the superimposing pot. Mercury and comphor are treated in this way.

7. **Distillation.** अधः पातन (*Adahpatan*)

The above mentioned apparatus is used and is buried in the ground and water is placed around the buried part to keep it cool. Substance to be distilled is placed in the superimposing vase and heat is applied to the base of it. The substance is heated and evaporated. The vapours are attracted in the lower vase due to cold and are condensed there.

8. **Frying.**

This process is used to defat or give a coating of fat or to dessicate a substance, e. g. Alum crystals give away their water of crystallisation and asafoetida is given a coating of fat.

9. **Treatment with fluids.** भावना (*Bhaawanaa*)

Substance to be treated is immersion in a particular fluid and dried. e. g. camphor is rubbed with milk and dried in shade, so that it mixes with other aubstances with ease and does not irritate the throat.

10. **Sorting.**

Caraway fruits, mustard, piper longum are be sorted out of the lot of debres mixed with it. This includes the process of seiving, sorting, unhusking etc.

11. **Drying.**

Seeds of achyranthus aspera, cotton, and horse radish cannot be used fresh. They are to be dried. So that this is the only purification process advised here.

12. **Sprinkling.**

Some substance are heated red hot in iron basins and the purifying fluid is sprinkled over the red hot part of the mass of the substance. This operation is continued till the desired point is reached. Haste makes the operation worst because the fine particles are spread out in the air and if inhaled they cause acute pharyngitis. etc.

13. **Placing.**

Croton seeds or Nux vomica seeds are placed in particular substances at a definite temperature from few hours to a few

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days. This renders the external husk or cuticle easily removable. Marshy places and rainy season are bad assets for carrying out the process.

14. **Steaming.**

This process is carried out when actual contact with water is not desirable.

The above are in short various processes for purification of medicinal substances.

According to Ayurveda the medicinal substances are divided into three groups and each group is further divided into various classes, all amounting to 120.

I. Group : **MINERALS** खनिज (*Khanij*)

The following are included :—

(a) **Metals** : धातु (*Dhatu*)

gold, silver, copper, lead, tin, zinc, iron, mercury etc.

(b) **Upadhatu** : उपधातु (*Up-dhatu*)

copper sulphate, iron ochre, green vitriol or sulphate of iron red lead, litharge,

c. **Alloys** : मिश्रधातु (*Mishru-dhatu*)

Mica, bell metal, brass, pyrites of iron, red and yellow orpiments. vermilion,

d. **Precious stones** :—

diamond, flour spar, sapphire, lapis lazuli, ruby, topaz, agate, sunstone and moonstone.

e. **Other minerals** :—

calamine, sulphur, borax, alum, potassium bicarb (जवक्षार) impure carbonate of soda (सज्जीक्षार) ammonium chloride (नवक्षार), (सूर्यक्षार), Potassium nitrate, (मंडूर) magnetic pyrites, arsenic, marcasite and quartose minerals.

II. Group : उद्भिज (*Udvija*)

Those from the vegetable kingdom following classes are included :—

a. **Tubers** कंदवर्ग (*Kandavarga*)

gloriosa superba. Aconite. potato. pueraria tuberosa. caesalpinia diginia, Asparagus, amorphophallus companulatus.

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b. Stems कांडवर्ग (*Kandavarga*)

Euphorbia Nivulia.

c. Those giving out latex क्षीरवर्ग (*Kheerabarg*)

opium, gardenia gummifera. euphorbia nevulia, Myrrh, bitumen, liquidamber orientalis, asafoetida.

d. Gums & oboresins

balsomodendron mukul. Styrax Benzoin. Myrrha,

(डाबरवर्ग) Tars

Bitumen, Liquidamber orientalis.

e. Leaves पर्णवर्ग (*Parnabarga*)

Hemp.

f. Fruits फलवर्ग (*Phalavarga*)

betel nut, piper longum, bael, marking nut, piper nigrum.

g. Flowers : फूलवर्ग *Phoolvarga*

Ganja or Hemp flowers.

h. Fur from the skin of the fruit :—

Maleotus phillippensis.

i. Seeds :—

Achyranthus aspera, Isabghul, citrullus colocynthis, ricinus communis., cotton seeds, Nux vomica seeds, abrus, croton seeds, araway fructus, sesamum, Dathura seeds, butea seeds, Sour lemon seeds. etc.

j. Roots :—

Nerium odorum, Plumbago zylenica, Calotropis procera.

k. Saps and Essences :—

camphor, honey, sodium silicate (as occurs in bamboos). gamboge.

III. Group :— **Those of Animal Origin**

Ambergis, musk, cauri, dried bile, coral, stag horn, pearls, mother of pearls, couch, etc.

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Five Year Plan
for
Rapid Expansion of Rural Medical Relief

By
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(1) Example of Russia and China

Some emergency plan is required to spread the advantages of modern methods of treatment and sanitary principles to the nooks and corners of this country. For this purpose, the Village *Vaidya* Scheme was first started in the Madras State in the year 1947 and it was highly commended by the Chopra Committee. It was adopted as their short term plan. They have pointed out that under similar conditions Russia and China introduced similar schemes for rapid expansion of Rural Medical Relief. In U. S. S. R. in the year 1935, the number of persons enrolled for training in medical relief reached 44,770 (Fortyfour thousand seven hundred and seventy)—Vide Chopra Committee Report-Vol. I P. 116. Talented mechanics from the factories with 2 years work to their credit in an industry were admitted to this course of medical technicians. While practicing after their training, they where given additional education in the evening classes or by home work. After 3 years, they were admitted if they so desired, into the 1st year of the regular medical colleges along with University men.

In China, farmers were given training in Minor Surgery, Dressing, Vaccination, and construction of Sanitary Wells and Latrines, and were sent back to their Villages. In India also Gandhiji tried to train Rural Volunteers—*Graamasevakaas* in First Aid and Village Sanitation. Midwifes are trained by the Kasturibai Trust.

(2) Availability of Man-Power

In India, we have in the Village *Vaidyas*, much better material with whom we have to carry on our work. We must only feel the great and urgent need for it. We should feel that we have to introduce emergency methods as in War time. This is a short term plan. We have over 2,50,000 of *Vaidyas* now practicing in the Villages in India. Some of these *Vaidyas* are already on the register of Indigenous Medical Practitioners of different states, but many of them have no training in modern methods of Village Sanitation etc. If we train them only at the rate of about 200 (two hundred) a year, in each state as we now do, it will take 100 years to train the existing men and more untrained men are being added every year. This is not the spirit of the scheme.

(3) Rapid Expansion—The Spirit of the Scheme

We should have atleast 4 or 5 training centres in each district. With about fifty centres, we may send out 5,000 trained *Vaidyas* every year in each state. In 4 or 5 years, we will have an army

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of 2,00, 00 of the trained *Vaidyas* as torch bearers spreading enlightment to the Villagers regarding their Sanitary and Medical requirements.

(4) Conservation of Traditional Knowledge

The best point in this scheme is that it conserves our trditional knowledge and that it costs nothing to the government. The Collector of the district should be the final authority to recommend *Vaidyas,* who actually practice Indigenous Medicine as a profession. I find that proficiency in the languages has not much to do with their skill in medical practice. Some of those, who are not very good in the language have a sound working knowledge of the properties of the drug and the medicines that they use. They have been able to grasp the new subjects of First Aid, Maternity and Village Sanitation with great eagerness as practical men and have done very well in the examinations. In fact, their khowledge of actual medical treatment is better than that of many of those who are tained for 4 or 5 years in regular schools, because they have their experience to their credit, and they possess practical knowledge of the treatment at the bedside by long tradition.

(5) Need of Greater Facilities for Training

This is an All-India Scheme. I am proud to think that Mrs. Rukmini Lakasmipathi as former Health Minister was responsible for introducing this scheme in Madras first and for making it All-India Scheme by her efforts at the Central Health Minister's Conference in the year 1946—see para 12 page 7, Chopra Committee Report Vol. I. She wanted one *Vaidya* to be trained for every one thousand of the population. I suggest that the Village *Vaidyas* may be encouraged to complete there training under any approved qualified practitioners of Western Medicine and may be required to produce certificates of having undergone not less than six months training in each subject. The Curriculum has been fixed by the Chopra Comittee and the training will therefore be of a uniform standard. In fact, the standard of examination may be raised by introducing Clinical and Practical tests, thereby, making the course more thorough and useful from the point of view of the Villagers.

(6) Financial Implications

The Scheme will be self supporting because the fees paid by the Village *Vaidya* under training and the examination fees will be enough to support the training centres and to conduct the examinations. In addition to the work done in this direction by the various state governments, the All-India Ayurvedic Congress at Delhi may also conduct the examination throughout India twice a year and thereby encourage the spread of the Modern Sanitary Principles and First Aid on vast scale. Times have changed. We have to adopt our programmes to suit the needs of the country. There is no need for starting a new association for this purpose.

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(7) Time—the most Essential Factor

Time is the most important factor when dealing with the problem of Rural Health. Both official and non-official effort is urgently needed. We have to train the whole lot of practicing *Vaidyas* and bring them upto date and under one order and that as quickly as possible.

A Modern Approach to Ayurvedic Pharmacopeia

By

DR. O. N. PERTI, M.SC., D.PHIL; F.N.A.SC., F.C.S.,F.I.C.S.,

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Ayurveda is the ancient Hindu science of healthy living and longevity. The earliest references to this science are found in the *Vedas*, particularly in *Atharva-veda*. Ayurveda itself is regarding as an '*upaang*' of *Atharva-veda*.

These vedic records of early medicine are written in the following terms— (i) imprecations against demons, sorcerers and enemies, (ii) charms for expelling diseases wrought by demons or sent by gods as a punishment for man's sins, and (iii) incantatations meant to impart health, longivity and success or victory. These songs or prayers in the *vedas* were usually supplemented by amulets, medicines and philters. There is found throughout in these songs a suggestive or magic element in the cure of effects or influences of evil ones such as demons. This suggestive or magic element can be traced throughout the later growth of the Hindu medicine and is an intergal part of its psycho-somatic approach to the task of healing.

In the medical lore in the *vedas* there is, speaking genera'ly, no marked difference between diseases and demons causing them. The distinction between them is devoloped later in the classical Hindu medicine which is less 'psychic' in its approach to the cure of diseases. It attempts to treat maladies usually along the laws of humoral therapy or surgery.

The classic Hindu medicine really starts from the period of *Atreya*. He defined Ayurveda as "that branch of knowledge wherein is described what is beneficial to life and what is detrimental to it, and the measure of its span." *Atreya* imparted his divine teachings to six of his disciples — *Agnivesa*, *Bhela* or (*Bheda*), *Jatukarna*, *Parasara*, *Harita* and *Ksarapani*. They in turn wrote separate treatises on the subject according to their own intelligence but based essentially on the teachings of their *Guru*. Only two out of six renderings of *Atreya's* teachings are extant. One is *Bhela Samhita* or the compilation of *Bhela* and the other is *Agnivesa's* treatise in the form of *Carak's* compilation or *Carak-samhita*.

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Both of these reflect the teachings of *Atreya* school of medicine. In both of them the general treatment of the subject is similar but whereas *Bhela-samhita* is a poor and confused source for the earlier period of Hindu medicine, *Carak-samhita* is the finest document of that period. It is also in a much better state of preservation. It thus forms the fountain head from which flows all knowledge about the "Wisdom of Long Life" as taught by *Punarvasu Atreya*.

After *Carak* comes *Susrut-samhita* followed by at a much later date (about 8th. centuary A. D.) by the works of *Vagbhata*. These three authors— *Carak*, *Susrut* and *Vagbhata* are considered to be the three great medical authorities of the classical Hindu medicine.

In the works of these classical authors numerous prescriptions have been detailed and these collectively constitute a most impressive bulk of therapeutical wisdom. They represent the classic Hindu materia medica and out of which have been compiled the Ayurvedic pharmacopeias.

The Ayurvedic pharmacopeia is at least two thousand years old. It has grown and matured in the soil of India. Its ingredients—the drugs— are the products of the Indian soil. It must be remembered that man would have starved and perished if he would have waited for the modern scientific dietician to explain why he should stick to certain foodstuffs and not to others. He would have perished long ago if he would have not utilised the foodstuffs and drugs found in its natural environment. The Ayurvedic pharmacopeia has been grown by the inhabitants of India who used resources of their environment for the purposes of healing. It had been constantly is use amongst human beings generations of whom have lived in India and have suffered from all the vicissitudes of a sub-tropical climate. Through the centuries that it has evolved Hindus with their remarkable insight studied the influence of regions, seasons, climate and diet. This pharmacopeia represents or records their instinctive and subtle adjustment to the pecularities of the trying climate of India. Thus it has become traditional and contains the treasure of what we may call to-day "Old Women's Experience". To quote from a letter of Zimmer to Ludwig Edelstein ".....Age-old experience and institution demand their rights even though one should refrain from romantic idealisation....."

The prescriptions of Ayurveda bear a general resemblence to the traditional pharmacopeia of Western medicine as it prevailed before the rise of modern pharmacology and modern experimental chemistry. It mostly employs herbs in the preparation of its recipes. That these herbs are effective is apparent from the dictum of *Susrut* "Cowherds and hermits, hunters and other people living in wild forest, those who live on roots, give evidence of the healthy effects of herbs."

The variety of herbs employed in these recipes is bewildering. For a layman it is difficult to understand these complex prescrip-

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tions. One has to be a trained botanist specialising in sub-tropical flora to identify the plants menti oned. Even for modern *Vaidya* it is extremely difficult to identify all the plants referred to. *Carak* realised it and had enjcined upon students of Ayurveda to learn about the herbs from goatherds, shepherds and cowherds who are the usual suppliers of these medicines. Hunters, cowherds, shepherds, hermits and other people living in the wild forests were the persons who supplied the medical man the raw materials of materia medica along with the knowledge of time tested ways of using it. This does not mean that these were the persons who supplied all knowledge to physican. To quote *Carak* ".....Goatherds, cowherds and shepherds who frequent the woods, and those who live in the woods, know plants by name and sight ; but besides knowing the name and appeaeance of these plants, one should know how to apply them. He who knows how to use and combine (*yoga*) them possesses the knowledge of their essence. That knowledge characterises the true physicians, and who knows how to apply them according to consideration of time and place, and with due regard for the nature of the individual patient, ranks as a master physician....."

In these prescriptions a large number of widely differing ingredients or herbs are mixed into a kind of arcanum. There is less emphasis on the specific nature of a simple drug through its 'flavours' 'virtues' etc. are described. The efficacy of drugs is more or less a matter of faith based on ancient usage and previous experience.

Ayurvedic pharmacology is conservative in nature. Once an item has been approved by tradition to be a constituent in a compounded prescription it is never to be omitted. There is always the idea that it may be just this particular facter that brings about success. It also happens that if one prescription does not prove to be effective, new ingredients are simply added to it and in this way the complexity of the prescription grows. Ayurvedic pharmacopeia has even to this day remained more or less traditional medicine and science. It is even at present more or less outside the sphere of modern research. It possesses no methods for critically sifting the drugs by the test of experiments.

Even in modern times, left to himself, the modern man is conservative with respect to traditional learning. A physician's professional conscience is likely to voice traditionalism when he finds that the life of a patient and his own reputation as a physician is at stake.

In order to understand this conservative and empirical nature of Ayurvedic pharmacopeia one should first try to grasp the general characteristics of any form of traditional learning in visual and tangible matters. Traditional knowledge and modern science has the same source for its active spirit the genius of intuition and native curiosity. Traditional belief in visual and tangible matters is never able to criticise its own experience. It will always stand dumbfounded or resort to subterfuges if asked its reasons for

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adhering to its materials or for giving free rein to ideas which do not make an appeal to modern mind. Traditional belief can but point to its real experiences and rather fanciful formulae. In the case of Ayurvedic pharmacopeia these experiences and formulae reflect a sort of combination of three elements namely, inspiring intuitions, beneficial effects of autosuggestion and actual results. As traditional knowledge has the same active spirit as modern science its experiences and discoveries may be corroborated at a latter date by experimental sciences.

The Ayurvedic pharmacopeia is not primitive nor were its authors possessed of primitive mind. It is archaic. ".....the archaic mind is no stagnant pool, though it may be unruffled by any movement of thought similar to that which originated in Greece. The very restlessness and curiosity which stimulate the primitive mind, urging it on to elementary empiricism and valuable discoveries concerning the healing forces of nature, does not content itself with isolated findings. It endeavours to understand them by comparing their features and qualities ; through a speculative process it weaves them together into system that is logically consistent in itself and satisfies reason by means of analogies and generalities.

The archaic mind is subtle and alert, endowed with a genius for observing facts and minute traits; it is far from being primitive, though it is often called just that by modern intellectuals. In every respect, it arrives at a stage of sophistication. Its particular peril lies in its tendency toward over sophistication, toward becoming caught up in its own net of hair splitting arguments. abstract distinctions and lofty generalisations.

The Hindu mind largely yielded to this temptation. There was no systematic experimental research continuously yielding startling new facts, whereby to check the speculative flight of unfounded theorising and empty generalisations. There were no closely related sciences, more advanced in methods and results, to dispel the mist of imanginary ideas which, covering up the objective facts found by intuition and experience, posed as the true interpretation of these facts. The deceptive satisfaction which this attitude of ancient Hindu medicine afforded its logical consistency and through the harmony of numbers, through the balance of characteristics and through corresponding patterns, gave to the Hindu doctor the illusion of real insight into the hidden connections and causation of facts, a glimpse, as it were, into the working of nature. This situation somewhat resembles that of the time when Galenic tradition in its Arabic grap was still, in the opinion of the average Western practitioner, the last word on the art of healing ; yet, the Indian attitude is superior to the earlier Western one through its intuitive genius and actual command of the details of its environment."

(H. R. Zimmer— "Hindu Medicine, pp. 181—183)

Here it may also be pointed out that the growth of experimental sciences in the West was in antagonism to religious rituals,

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practices and thought. Thus the medicine in the West became more experimental, less religious and ultimately acquired more or less a purely somatic character. Only during recent time the psychosomatic character of certain diseases has been recognised in the West. Even now there are many thickers who have not much faith in psychotherapy. Contrary to this, the growth of Hindu medical science has never been in opposition to or in conflict with religious thought and practices of the Hindus. It has been a part of a more or less static Hindu civilisation based essentially on a stable conservative hierarchy and backed by spiritual revelations and spiritual rules. It had always retained its religious or ritualistic aspect and is even now mostly psychosomatic in character.

It is not the intention of the author to deal in this article the essential character or maladies whether they are psychic, somatic or psychosomatic in origin. Suffice it to say that the nature of the Ayurvedic prescriptions is not purely of a somatic character. Viewed from a purely objective stand point these prescriptions of Ayurveda need sifting. It is gratifying to note that recently (Vide Chopra Committee Report) the government has realised the need for research in Ayurvedic medicines. A recent annoncement in the press indicates that a research institute in collaborations with *Gulab Kunverba Ayurvedic Society* of *Jamnagar* is to set up.

It is generally agreed that the richest source of medical wisdom in Ayurveda are its prescriptions or its pharmacopeia. To explore "the possibilities of placing the indigenus system of medicine on a scientific basis "a broad based planning is necessary. There is need for studying these prescriptions with an open mind and without the prejudices which a rich tradition imposes. To bring it in line with the trend of modern medical thought, modern scientific methods should be employed to the fullest extent. In order that such a study of the Hindu materia medica may be most rewarding the researches should be carried out along the lines indicated below. These may also be considered as sections of a research institute.

A. **Literary and Cataloguing**: The functions of this section would be to catalogue all herbs, collect and collate all informatiou available about them in ancient texts, catalogue prescriptions and provide their authentic and authoritative versions. This section should be headed by a first rate *Ayurvedacharya* who has got complete and thorough mastery over the sanskrit language aud is conversant also with English language.

B. **Botanical Section :** In this section all the herbs catalogued by the literary section should be indentified and a full authoritatative botanical description provided. This section should be headed by a botanist specialising in the sub-tropical flora.

C. **Chemical Section :** The activities of this sections would comprise in the study of the chemistry of the herbs, study of the chemistry of their extracts, preparation of the prescribed arcanums

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from herb combinations and study of its chemistry. This section should be headed by a chemist, preferrably one specialising in organic chemistry and having an insight into the chemical methods of Ayurveda.

D. **Pharmacological Section :** In this section all the chemical preparations of the herbs should be tested for their pharmacological actions on controlled animals. This section should be headed by a pharmacologist of repute.

Hospital Section : In this actual clinical tests on human beings may be carried out.

It is essential that all these sections should work in collaboration and fullest understanding. In this gigantic task of study modern scientific workers would have to be helped at every stage by experts in Ayurvedic materia medica. All the workers should have a genuine interest in the subject and should be endowed with an honest zeal to investigate the wisdom of the past. The results of all the workers should be co-ordinated into an authorised pharmacopeia.

A good and extensive library would be an essential prerequisite for such a kind of work. Sporadic work on some of these lines is available in scientific literature in diverse places. All these should be gathered together and elaborated if necessary.

There is not the slightest doubt in the mind of the author that such a study would be richly rewarding. It would not only set the Ayurvedic pharmacopeia on a scientific footing but would also enrich the medical wisdom of the world.

The author is fully aware of the gigantic magnitude of the task. But such a work would blazon a new way and would herald a new era of therapeutic richness for the mankind. Let the government be not niggardly in its contribution towards such a cause. This work should be treated at least on an equal footing with one of the national laboratories.

Tephrosia Villoga : A Plant Useful in the Treatment of Diabetes

By

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Several herbs are known to bring about a temporary disappearance of sugar from the urine of diabetic patients. This type of relief is not of much practical importance, such herbs have not gained any popularity amongst medical men. Recentiy in an Urdu Booklet entitled '*Mikrasul Imraz*', published by Hakim

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Mohammad Zaffar-Ud-din Nasir, Editor of 'Hakim Deccan'. I happened to read a article entitled *'Ziabaties Shakkari Ka Tariak, Ek Ajibulasar Jar Buti'* (English translation — getting rid of diabetes - wonderfully effective Herb). According to this author, if a fresh of this herb is chewed for three consecutive days (one root each day) excessive thirst and urination, and sugar in the urine disappear permanently. The efficacy of this root was tested by him on a number of diabetic patients and in all cases the cure was of a permanent nature. Later on the decoction and other preparations of this root were also tried but none of these had any good effect at all.

The Hakim's attempts to identify this plant revealed that it is a kind of *'Sarphunka'*. Later, It was found that there is a plant known as *"Anali 6- (Yampli* in Marathi) which can be mistaken for the proceeding one. In Hyderabad this plant is called *'Yampli'* and also *'Dodyampli'*; the later name, however, could not be found in the literature. In view of the confusion in the vernacular name of the Hakim incorporated in his article a brief description and an outline sketch of the plant showing it a general habit, shape of the leave and pods etc., as an aid to its indentification. In view of importance of the subject I thought it desirable to get the plant definitely identified and to publish a brief note in English with a view to betaining wider publicity. *'Surphunka'* is a Hindi name of 'Tephrosiapurpurda pers''. The sketch of the plant and a careful study of the different species o. T phrosa found in India, led me to consider the plant to be T. Villosa Pers. Later on a pressed specimen of T. Philoss collected from Delhi Ridge was sent to the Hakim who said that it was the same plant he had experimented with. I also managed through the kindness of Mr. Murkaza Hasan, a post-graduate student in the Botany section of the Imperial Agricultural Research Institute New Delhi, to obtain a specimen of the Hyderabad plant which identified as T. Villosa Pers. and confirmed by the Forest Botanist, Forest Research Institute Dehra Dun.

Distribution : It is distributed through out the plans of India, Mauritius and Tropical Africa. In India it has been resported from Delhi, Punjab, Bombay, Madras, Travancore, Hyderabad (Deccan) etc. it is not common in Bihar.

Description : It is a small diffuse anuual or perennil shrub 2—3 ft. high, brancing from the very base of the stem. The seeds germinate with the first shower of the rainy season and the old plants begin to sprout about the same time. It flowers during the rainy season and the shedding of the seeds and the leaves is completed by November.

Root : The Development of the root depends on the type of soil. In a light loan cultivated soil it is on an average about 20 inches long. Upto 2 to 3 inches from the stemend it is uniformly thick (aboute 7 Cms. in diametre). From this region upto about 6 inches in gradually narrows. Beyond this it is almost uniformly narrow (about 0.2 Cm. in diametre). The secondary roots are

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restricted to a region about 4 inches in length. It is light brown in colour.

Stem : The stem is flexouse and hoary with appressed silky hairs. The branches are alternate, at first decending and then ascending. The main stem and the branches and in racemes.

Dhaves : Compound, inparipinnate, nearly sessible. 2—3 inches long. Leaflets 13—19, greyish green and glabrescent about persistatly silky beneath, narrow oblanceolate, Stipulae linear. Leaftets about 1.5 cm. long and 0.4—0.6 cm. wide in the middle.

Inflorascence : An alongatedrecom, with lower flowers in distant foscicles, lowest often in the axils of the leaves.

Flowers : Pelicellate, pedical short bracks setaceous, plumose.

Calyx : About one inch long, denely silky teeth setaceous lower much exceeding tube caralla white or with a tinge of pink, standard stander hairy outside. Style flattened glabrous ; stigma densly penicillate ; ovry hairy.

Pod : 1—2 inches long curved densely clothed with white silky hairs turning brown a naturity, 6 to 8 seeded.

Seed : Oblong, rather flattened, greyish brown in colour having somewhat mottled appearance.

An average sized fresh root of this plant weights at the most 1 tola (0.4 ounce). It is not very hard and can be chewed quite easily. The juice is quite agreeable to the taste. It takes obout 15 minutes to chew one root completely.

As far as I could find out there is no record other than that in the Urdu booklet mentioned above, of the usefulness of this plant in the treatment of diabetes. As a matter of fact, none of the species of Tephrosia are known to have such properties. Through the kindness of diabetic patient who volunteered himself. I was able to carry out a small experiment. The diet of the patient was kept almost constant during the course of the experiment. The result of analyses of the urine before and after the treatment are given below in table 1.

TABLE 1.

Quantitative estimation of sugar in 6 smples of urine of a diabetic patient before and after the chewing of roots :—

Dates on which the sample was taken.	Reduction of sugar per 100 c. c. of urine.	
6-3-1944	2.00	Before chewing.
7-3-1914	3.45	
8-3-1944*	3.84	
9-3-1944*	1.4	After chewing
10-3-1944*	1.22	
13-3-1944	0.84	

*root were chewed on these days.

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Evidently there is a marked reduction in the quantity of sugar after chewing but it has not disappeared completely. It may be pointed out that plants from which the roots were taken for the test were in a state of complete defoliation. It is possible in this condition the juice of the roots might not be having the proper composition which may be required for the treatment to go effective. The effect would possibly have been more pronounced in the rainy season when the plants are actively growing, specimen should, therefore, be examined in different seasons before and after flowering and seed formation from different localities having different soil and climatic conditions, as it is possible that plants from certain localities only may be effective and that too not in all seasons.

It would be worthwhile subjecting the roots of T. Villose and other species of Tephrosia to necessary chemical analysis for finding out their active principles. Another aspect of the study would be to examine the possibilities of making suitable preparations from this root, for it may not be possible in all cases to obtain the fresh root.

I am greatful to Dr. B. P. Balli, Imperial Economic Botanist for his useful suggestions and to the Imperial Agricultural Chemists for the analysis of urine.

TAKMA NIRMOOLANA OR ERADICATION OF MALARIA IN INDIAN MEDICINE

WITH THE NAGARI TEXT AND ITS SCIENTIFIC EXPLANATION

By

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398/1. Krishna Vilasa Agrahar, Mysore.

(Continued from last issue)

Malaria Sequells.

The major most consequence of Malaria is that not only the vitality of the victim but his virility itself is destroyed, as is evidenced by the '*Vasha*' or Barrenness in the woman and '*Nir Veeryata*' or impotance '*Nirindriata*' in man. In this subject very important studies were made in Indian Medicine, particularly by Savants like Agąshtya,, Kasyapa and Vishwamitra.

Ancient Researches in Mysore State.

Mysore State in India has special physical features and history peculiar to itself and singles out in the whole world. It

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possesses manly rarest in all three realms, Sandal Wood in Plant world, Elephant in the animal world, and Gold in the Mineral world, not to speak of other things. From the point of wealth in all the three realms team of workers were attracted from time to time to this part of the country for the exploitation of this wealth from the time of *Parishat* and *Mandhaata* of yore.

Wealth has always and in all places been endowed with strongest protection and extortion ; and in this case it had the most ferocious guards in Fearful Tigers, Deadly Snakes, and most dreadful malaria and other perils. From the most ancient times, there were governmental and private expeditions organised for the exploration of this Forest land and for the exploitation of its enormous wealth.

The First Peril the Venumous Snakes took the life of King Parishat himself and his Son Janamejaya was reported to have performed "*Sarpa Yaaga*" and moped out the whole species of the Pathons, Vipers and Addars and other venomous snakes including the Cobra completely that to the present day none of these varieties now exist in the *Malanad* Forests. In further evidence there is still a small *math* in the *Bababudan giri* side with the name of "*Vishaghni*" with a species of Trees the leaves of which are to day claimed to possess extraordinary anti venum properties.

In *Dattatreya Peetta* in the *Bababudangiri* hills *Sage Dattatreya* was reported to have engaged on the manufacture of Gold, and perfected the science of Alchemi, with the help of *Kapothodaka* a Heavy Mineral Water. The story tells that every member of his six Thousand strong troup of followers had each a Gold Boul to drink a Gold plate to eat his food. A few miles from this *Peetta* on the other side of the hill range is situated the "*Rempu Mannu Gundi*" literally meaning the Red Earth Mine from where the Iron ore is now dug and supplied to the *Bhadravati* Iron and Steel Works the second in the country.

In *Khandya* near *Chickmagalur* is reported that *Kapila* made his experiments and discoveries of "*Sanjeevi*" for *Mrutyunjaya* or victory over death; and called a halt to and effected a riet with the Deity of Death in the place still known as "*Yama Sandhi* literally meaning treaty with or encounter with *Yama* the Lord of Death.

In *Bilwadi* (*Belwadi*) in the *Chickmagalur Taluk* it is reported that *Kapila* made further researches in Malaria and studied the antimalarial properties of the Five *Bilwas*, namely 1. *Tulasi* the holy Bassil, 2. *Bilva* the *Bael* Tree, 3. *Nirgundi* or Vitex Negundo, 4. *Jambeera* the Lemon and 5. *Amalaki* Emblica Myrobolan. Each of these five vegitables is a well known Antimalarial and the combined effect of all the five is excellent in the mixed and malignent fevers, particularly the hyperpyrexial Malaria which shoots beyond 105. called "*Shiva Jwara*".

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Vide Nagari Text. Regarding the Pancha Bilva.

श्लोक :—

तुलसी विल्व निर्गुण्डी जंबीरामलकं तथा ।
पञ्च विल्वमिति ख्यातं एक विल्वं शिवार्पणम् ॥

Mrukanda is reported to have discovered "*Sanjeevi*" the herb which is reported to have been used to revive Prince *Lakshmana* the brother of Sri Rama in the battle with *Ravana*. This *Sanjeevi* is altogether forgotten at the present time. But the local stories state that the herb was available in the *Drona Parwata* the old name of the *Bababudan Giri* Hill Range.

In the *Sringeri* side, it was reported that the Hoary *Rushya Sringa*, also called *Sringa Rishi*, made his extraordinary study and experiment in Eugenics, and discovered high class Recepes for the cure of Sterility in women and impotence (Nirindriyata) in men. *Ramayana* tells us that *Rishi Sringa* was commissioned by King *Dasharatha* to direct his *Putra Kaama Ishti* which *Vasishta* started and could complete to fruition. As the happy result of the Procedure, all the three wives of King *Dasharatha* namely *Kaushalya, Kaikai* and *Sumitra* got successfully fecundated and gave birth to *Rama, Lakshmana, Bhartha* and *Shatrughna*.

As a test in the beginning a number of barren women from the harem and the court prostitutes were sent to *Sringagiri* and a camp was formed there with the name "*Naariya Vai*" which is now corrupted into Narvey a village five miles from *Koppa*. Even to the time of the Hoary *Shankara* these recepes and Eugenic Practices and Inturns appear to have flourished. It is possible that these studies originally began to remedy the Barreness Sequella of Malaria in the Malanad.

It will be interesting to know that this part of the Hills and Forests was well known as Mala and the Sandal of this place was known as *Malaya Chandana*. Must be from this tradition only the hill ranges are now known as Malaa and the place *Malanad*.

Malanad is the home land of Malaria from very ancient times and intensive study of the disease was organised here only. It is indeed strange coincidence that all the three Great *Acharyas* of Hindu Philosophy started their initial studies and propaganda from Mysore State only, *Shankara* from *Sringeri*, *Ramanuja* from *Malkote*, and *Madhwa* from *Soosele*.

In the same traditions, the World Health Organisation at the present time formed their camp in *Sagar Shimoga*; and the Rock-Fellers in *Sakleshpur* in *Hassan* immediately behind us and our Research Centre in *Chickmagalur* for *Malanad* Malaria and Medical Relief Research in Indian Medicine.

The Story of Coffee and Baba Budan

In the later middle ages, a mohammadan scholar came from Arabia and introduced Coffee Plantation in the *Malanad* and the

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Dattatreya Peeta side. It is possible that he must have come initially to explore the Plant Resourses of the place for identification of *Sanjeevi.*

This Arabian Physisian appears to have identified a plant resembling *Kiratha Tikta* as the proverbial *Sanjeevi.* Although its antipyeretic and antiperiodic properties may fall short of the Bitter *Kiratha* (Modern Chirayata) it is sweet and may be prefered to the bitter drugs. This plant is wildly grown in the *Baba Budan Giri* Range of hills and deserves further study and investigation. In his time, Baba Budan advocated Coffee as a certain cure for Malaria and obtained huge grants and Inams of land including the *Dattatreya Peetta* and its Estates. This was a very valuable political event for the Mohammadans and must have made the way for the later Invasions of *Gazni* and *Gory Muhammad.* It is possible that the flag Staff in the Name of "*Gori Gandi*" near *Sangameswarapaet,* was a mark of political conquest or political plunder. Some of the most sacred and ancient Tamples for instance, the *Janaddhan* Temple in *Khandya* two miles from *Sangameswar,* where the Heavy *Markandeya* had his *Tappas* and *Chiraayu Siddhi,* was the Temple of *Aanur* where *Arjuna* was said to have worshipped *Shiva* and received the munificient grant of "*Paasupatha Astra*" in the same place, and Temple of *Vipranarayana* in *Belwadi* and the Temple of *Dorimagalur* where *Janamejaya* made his proverbial "*Sarpa Yaaga*" and the Temple of *Kakaasa* where *Agasthya* made his *Tapas* were all plundred and the Idols were all either partly or wholly desecreted and broken and destroyed.

The Fraud of Lantana

When the Englishmen realised the prospective value of Coffee Plantations they obtained from the British Government and through their pressure upon Mysore State enormous Extates as Free Grants and enormous amounts of Money also as Subsidies for expanding Coffee Plantations, which now cost Crores of Rupees and lacks of annual revenue. At one time, an English Planter brought with him some cuttings of *Lantana* an English throny weed to plant as the hedge for the protection of his extensive Coffee Plantation. *Lantana* he said was a very effective Europian Anti-Malarial and sold the cuttings at fabulous prices, to the credulous Indian Planters and other land owners. Now, the weed has become wild and uncontrolable all over the state; and its removal becomes problamatic. The Fraud was however very soon found out; but the fact remains that the planter made enormous money and the danger of the *Lantana* to cultivable land has become extreme. In the *Chickmagalur* District, clearing the roadsides alone costs considerable amounts of money in the Road Maintenence Estimates.

Research in Malaria and its Extra Acedamic Values.

Research in Malaria has evidently more extra Academic Values and is motived mostly from economic and political values. The name of Science is invoked to push forward any new discovery purely from the economic money value more than its true scientific

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and medical or health values. For instance, the Certification of *Dalda* and *Vanaspati* by Scientists like Sir Bhatnagar and Doctors like Gilder is no more than a deliberate abuse of the moral and political trust placed in them. It is indeed difficult even impossible to believe that these highly placed individuals ever used *Dalda* and *Vanaspati* in their own homes and their certification is based on purely personal convictions after prolonged use of this inferior stuff in preference and in Eclusion of the costly Ghee and Butter which they have absolutely no difficulty to procure and that freely too if they so choose. Just like the ordinary Sick Leave Medical Certificates, it is possible that Chemical and Therapeutic Certificates, can be easily procured and manipulated either for or against the introduction, expansion and popularisation of any Value Medicine or well are Medicine at the present time of Profiteearing Mania.

To quote another instance, Doctor B. C. Roy as the Non-official President of the Indian Medical Council during the war years openly condemned and that vehimently too Mepacrin for its alarming yellow skin discolouration and other dangers; and preferred the use of Indian Antimalarials in his Indian, Burma and Malaya Malaria Congress Relief camps, does not maintain his well cherished opinions and views towards Indian Medicine after he got into Bengal Premeirship. Similarly, Doctor Jeevaraj Mehta who fondly favoured Indian Antimalarials in the Kasturba Fund Hospitals and other Relief Camps, lost the whole of his favours for Indian Medicine when once he was put into the Straight Jacket of the Directorate Generalship of Indian Medicine and refuses to sanction a small snugly corner for Indian Malarials at least for Com-patriotic open tests and professional and official opinion by the Centre and Provinces and at the least by the School of Tropical Medicine in Calcutta.

And all these years, the whole of the Government Research in the Centre is centered round the formation of a Central Institute of Malaria and dissipated upon popularisation of the English Antimalarials Mepacrin and Paludrin and the American D. D. T. and other Mosquitocides, to the designed exclusion of Indian Antimalarials and perhaps even Indian Quinine also, besides German Slabrin and Italian Esanophile.

Malaria Research in Mysore

Like any other State in British India, Mysore plays only a subordinate role to Madras Presidency and the Political Agent, in in Academics and Scientific projects ; and still the more so after its entigration with Indian Union, the Central India Policies more openly domineer. As above mentioned *Malanad* is the Motherland of Malaria and the Mysore Government has no more than to provide facilities and help and foster the World Health Organisation and the later Rock-Fellers in their studies in the D. D. T. operations.

Mandya Maddur Malaria

Mandya was originally a dry District and then had a peculiar type of Malaria called the Maddur Malaria, with its severe com-

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plications and extensive spleen enlargement. The Maddur Mosquito is many times bigger than the ordinary mosquito and has a probiscus which can peneitrate under two or three thick rugs and prick the man successfully. This Malaria is rather refractory to Quinine and almost every third among school children has a spleen also.

Influences of Wet Cultivation of Paddy and Sugarcane.

These twenty years of The Irwin Canal Project and the simultaneous formation of the huge Mysore Sugar Factory in Mandya, Paddy and Sugarcane cultivation has become so popular and extensive, that the paddy field and Sugarcane plantations have been extended right into the backyards of the houses in all the three hundred villages along the 100 miles Irwin Canal Belt. In addition to the damp and swamp nature of the wet cultivation which keeps the water stagnant in the paddy fields for many months and flowing in sugarcane fields for more than two days in the week all round the dwelling houses to favour the breeding of Mosquitoes, it is commonly believed that the Royts' constant contact with chemical manures like Ammonium Sulphate, and the chemical matters contaminating the drinking water is responsible for the enormous expansion of Malaria in the whole belt, and is making way for the advent of Tuberculosis as is evidenced by the number of beds now filled in and demanded by the villagers coming from these villages in the Mandya District. Malaria is now so rampant that no body in these 300 villages is happy nor is he free from malaria and its bigger brother Tuberculosis and extensive and radical measures are urgently demanded for eontrol of Malaria and redress of the popular unrest and illwill.

After the advent of the Congress Government in Mysore, this misery of the Ryots and agricultural in *Mandya* District has attracted the serious attention of the Government and that was emphasised by the evidence of the majority of the agricultural labourers of the Mysore Sugar Factory in all their 16 agricultural Farms, where almost every third labourer has a spleen. First D. D. T. and other Meswitocidal sprays have been extensively tried and Paluxrin, Mepacrin and Quinine Mixture were extensively distributed. Additionally a Health Officer was sent to America for a two year training in Malaria and is now posted as the District Health Officer to impliment the latest antimalarial western methods and measures. The latest report ending 31st. May 1951 will furnish the details of the extent of Malaria in the Mandya Head Quarters Health Unit comprising of 12 villages round the Mandya Municipality.

Press Note VII Antimalarial Measures.

"Antimalaria Measures like D. D. T. Spraying was taken up in Mandya Health Unit ; and 2,791 cases of Malaria were treated in the ten agricultral Unit Area, from the 1st of December 1950 to the end of April 1951. Necessary Preventive Measures like Vaccination etc. are also being made."

B. N. Sri Satyan
Principal Information Office in Govt. of Mysore.

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Dry Belt Formation.

Considering the enormity of the infection and the district wide misery of the people, the Government were obliged to institute costly measures. The first of which was *to Create A dry Belt Dry Belt Round Each Village Site two furlongs Wide and to Prohibit Wet Cultivation in That Belt.* This was in operation for the last four years and no practical good appears to have come out from this measure, to make up the heavy loss of production of Paddy and Sugarcane particularly when we have to compulsorily produce more food.

Bodily Transference of Villages from existing Sites.

The Dry Belt round Village Sites having miserably failed, a new *Toglukin* Scheme of transfering the whole Villages from their existing sites to higher places within the same *Aayakat* Village Area is now being implimented at enormous cost. After all the distance being only a mile and less in every case and the altitude of the new sites being not more than some Ten or Twenty Feet, the change may not fetch any good results proportionate to the fabulous cost which has exhausted the State Research already and perhaps Bankruptcy in the end so long as the infection is there and the mosquito lives.

Any way the Rural Health is very low and the incidence of Malaria and Malaria Spleen does not appear to have come under control, with the existing measures. It may be too soon to predict the future of D. D. T. and time alone must decide it. But one thing is certain. Neither the very profitable sugarcane cultivation nor the equally paying Paddy cultivation can be given up : we must consider measures to improve the health, mosquito or no mosquito.

Economic Reveals through Failures.

The concensus of public and professional opinion is that as a prophylectic Paludrin is a failure and Mepacrin is additionally more dangerous. Quininets foreign to both England and America and economically it is against the interests of both these Cousins. In the name of and under the auspices of the World Health Organisations sponsered by United Nations in name, enormous propaganda was made for Paludrin on one side and D. D. T. on the other ; but after the heat of the sun is cooled down, the international opinion swings towards Quinine and these two big brothers are compelled to admit Amsterdan again into the Antimalaria Trade and give it a warm corner. This the reason why we are again hearing of Quinine and number of New Combination are already in the market, under trade pacts in the 4th Malaria conference in Washington, in 1948.

Role of Indian Medicine and results of extensive Tests in Mandya.

We had the good luck of securing facilities for Clinical Tests in Malarial Fevers and Malarial Spleen in the several Agricultural

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Farms of the Mysore Sugar Company, which are situated almost all over the District and along the course of the Irwin Canal. Large scale clinical tests were carried out in the Autumn of 1950 and the spring of 1951 to ascertain the true therapeutic proportion of *Takmari* Antimalarial Tablets and the results are quite encouraging and the management gracefully accomodate *Takmari* Tablets for routine use in their Hospitals and Dispensaries. At the same time the tablets are equally well reported by Medical Officers of the Krishna Rajindra Cotton Mills in Mysore and the Mysore Chemicals and Fertilisers Ltd., Bedagula and their Managements have included *Takmari* Tablets for routine use.

Malaria and Malaria Spleens in School Children.

Malaria and Malaria Spleen are rather very common in school children in the Primary and Middle School Levels in a number of villages in the Mysore and Mandya Districts ; and in some places for instance Bannur boys will be soon actually shivering from the Fever in the classes, waiting for a charity dose of Quinine or other Tablet from their kind teachers. This fact is usually cognosed by the Medical Officer during his course of Medical Inspection of the School, and nothing more is done beyond giving the boy a ticket for treatment from the nearest Local Fund Dispensary of Alopathic Practice, where no doubt the usual routine Quinine Mixture is given freely. But, the villagers are invariably vexed with the ineffective quinine treatment and refuse to take it any longer.

Takmari Tablets are reported to be quite effective in not only controling the Malarial Fevers but also to simultaniously resolve the enlarged spleen among the School Children. Children bear the tablets very well and there is therefore no difficulty in administering the tablets over a number of weeks ; and as the tablets are perfectly harmless their administration may happily be entreated to the parents and guardians in the homes or to the School Teachers in the School.

International Recordation of School Children due to Malaria.

In the same way as physical backwardness, intellectual backwardness also is common among the school children and active treatment for pulling them up both physically and intellectually also becomes imperative in the endemic areas. Indian Medicine pays more heed to this need and instituted Free Medical Treatments for the backwards and also provided for them extra nourishment in the name of '*Baala Bhoga*' in the Local Temples, for which special endowments are usually lavished by the rules and the private doners. Nutritious foods like '*Dadhyodawa*' and '*Sarkara Pongali*' etc. are freely distributed to the children and they are also given '*Dharoshna*' or Freshly drawn milk as the vehicle for '*Medhajanana*' or Brain Developing and Intellect. Developing Tonic.

Medhajanaa Scopes in Indian Medicine.

Extraordinary claims have been made regarding certain simple vegitable drugs like '*Dhatri*' or Umblica Myrabolum and '*Til*'

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or Gingili Seeds and '*Adhya*' or the ink Nut in the Manuals like *Vaidya Manorma* of *Mahakavi Kaali Dassa*' 2. *Agni Puraana* of *Bhrigu Maharshi*, and *Prapancha Saara Tantra* of *Jagadguru Sri Shankaracharya* ect. Many of the prescriptions we experimented with and found to the family effective.

With the help and guidance of Dr. M. V. Gopalaswami, Principal of the Maharaja's College, and Professor of Psychology Mysore University, and his worthy Assistant Dr. B. Kuppuswami and others we conducted large scale experiments in Mysore and Chickmagalur to assay the true scientific value of the several *Medha Janana* Recepes of Indian Medicine and published an elaborate Thesis on "*Medha Janana*" for Increasing the Child's Educability, in the Indian Medical Record, Calcutta in 1949 and reproduced its jist in the Indian Express, Madras in 1950 and with the help of the Mysore State Adult Education Council, published its Knarese Translation in their Monthly Journal "*Pustaka Prapancha*" for the benifit of the five thousand Village Panchayats and the numerous Kannada Middle and Primary Schools in the State which subscribe to the journal.

We have again the good luck of securing strong departmental Recommendations from the Revenue Deputy Commissioners and the District and Taluk Development Committees in Mysore, Chickmagalur and other Districts for liberal purchase and extensive free distribution of Takmari Tablets by the Villege Panchayats to the School Children and the villagers for whom all these tablets have come like a boon in both the *Malanad* and Maidan parts of the Mysore State. Opportunely, therefore we propose to institute large scale experiments in a number of Schools in the State simultaniously employing *Takmari* Antimalarial treatment and *Medha Janana* body and intellect building treatments for removing in the same time the physical and intellectual backwardness of the unfortunate malaria stricken school boys and prepare them for national citizenship.

Official Certification of Takmari Tablets

Certificate of Merit Mysore Govt. J.I.M.No.70 (1)D/2-1-1951.

"*Takmari* Antimalarial Tablets were used in this Hospital for *Vishama Jwaras* (Malarial Fevers). They were found very effective in controling the said favers. Further it was observed that in certain cases it may cause some gastric irritation if given on empty stomach. This can be overcome by taking a cup of sugar water or buttermilk with sugar or jaggary. These Tablets may be strongly recommended as a Preventive and as a Curative in Malarial Fevers".

Y. Parthanarayana Pundit
Medical Officer
Jaya Chamarajendra Institute of Indian Medicines, Bangalore

Chemical Analysis of Takmari Tablets

Powdered Carbon	12-50%	Yellow Sulphur	Present in traces
Starch	40-00%	Arsenic	" "
Cane Sugar	45-00%	Antimony	" "
Iron and Borax	2-00%	Cloves and Aromatics	"

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Physical Characters

Grey, Well compressed round tablets of 5½ grains weight with pleasant appearence, good taste and aroma like Peppermint.

Therapeutic Dosage

One Tablet for adult and ½ half a tablet or less according to age to the child three times a day with a cup of sugar water or buttermilk, coffee, tea, or other beverage hot or cold or a cup of cold water, after meal or tiffin, avoiding administration on empty stomach in sensitive individuals.

Special Features of Takmari Tablets

1. *Takmari Tablets* are sweet like peppermint and are pleasantly taken by children and by fastedious ladies and pregnent women.

2. *Takmari Tablets* do not produce any harmful effects even if taken in excess of the prescribed dosage and they may therefore be taken in home threatment without the special advice or guidance of Doctors.

3. *Takmari Tablets* are entirely free from the whole of the evil after effects, whether late or immediate of Quinine, Mepacrin etc., like nausia, gastric distress, vomiting, reeling of the head and ringing in the ears and progressive deafness, weakness, diarrhœa, and yellow skin discolouration and abortions in pregnent women, etc. etc.

4. *Takmari Tablets* quickly destroy the malarial parasites in the blood in just two to five days with proof by blood tests.

5. *Takmari Tablets* simultaniously resolve the enlarged Spleen without any extra medicine or worry, a quality unknown to other remedies, and therefore successfully prevent the otherwise possible relapses.

6. *Takmari Tablets* act as a certain prophylactic and may therefore be taken with confidence by people visiting or camping in the Malaria Infected Places, without any evil effect whatsoever even prolonged use.

7. *Takmari Tablets* contain Iron and Arsenic in a specific proportion and in the best assiminable form ; and will therefore affect poweful Tonic Pull-up, and thus remove the weakness due to fever and the later need for convalescence and further tonic treatment.

8. *Takmari Tablets* keep well indefinitely without losing efficacy and potency and will manifest uniform therapeutic effects without reference to the latitude, altitude and rainfall of the place and the community and habit of the patient and are therefore of standing value in the prevention and cure of refractory community types of Malarial Fevers.

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Method of Administrat on of Takmari Tablets.

1. *For Acute Cases of Malarial Fevers.* Give one tablet three times a day for the first three days and two times a day for the next three days ; and only one time a day for the last three days, in all 18 (eighteen) tablets distributed over nine days for one course.

2. *For old and Chronic Cases of Malarial Fevers.* Give one tablet morning and evening continuously without a break for 21 (twentyone) days for one course.

3. *For Quartan and Fourth Day Fevers.* Give as indicated for acute fevers one tablet three times a day ; and on the days when the fever is expected give additionally as *anupana* with the tablets all the times one tea spoon of *Tumbe Soppu Rasa,* i. e. the fresh juice of the leaves of *Drona Pushpi* (latin Zylanica Phlomis) with a little quantity of powdered *Jeeraja* or Cumin Seeds ; and repeat this for three or four turns on the *chaturthika* fever days ; of course giving the tablets in the intervals with plain water or sugar water as usual. Continue this for 21 (twentyone) days fever or no fever for one course.

4. *For Malaria Spleen.* Give one tablet morning and evening with sugar water or buttermilk continuously for seven to nine weeks, watching the resolution of the enlargement. The rule is that the tablets should be kept on for one week after the complete resolution.

5. *For Anaemia and general Anasarca of Malaria Origin.* Give one tablet morning and evening continuously for three to five weeks.

6. *For Malarial Indisposition.* In Malaria Endemic areas and Agency Tracts, due to latent Malaria, people come times feel, and often daily also at a particular hour a sort of indisposition with heaviness of the body and the limbs, weakness and lassitude and disinclination for work. In all such conditions one *Takmari Tablet* taken with a cup of hot coffee or tea or hot water will instantly refresh the individual. Such individuals should be put into the list of Chronic Malarials and be compulsorily given one Takmari Tablet morning and evening for three to five weeks.

7. *Takmari Aatma Raksha or protection in Malaria Camps.* Persons who have to tour or camp in Malarial Tract on business or duty are best advised to daily take one tablet in the morning and one tablet in the evening during the whole tour or camp in the endemic areas ; and continue the tablets for one or two days after their return to headquarters in the plains.

8. *Prophylaxis against and Prevention of Mararia in Endemic Areas.* Labour Coolies during their seasonal employment in Plantations and Coffee, Tea, Rubber and Cinchona Estates and other Agricultural and Engineering and Mining Projects, should be given compulsory Prophylactive Treatment along with tho Native Coolies in the Lines by the administration of one *Takmari Tablet*

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every alternate day in the morning or evening by the Roll Call for six weeks with a course of eighteen tabelts to each individual, every season for securing for him or her adequate immunity and protection against Malaria during that season, and the prevention of relapses of old fevers.

Toxicity of Takmari Tables.

There is absolutely no question ef Toxicity at all if the tablets are administered after food or tiffin and followed by a cup of water or buttermilk. We have also not encountered any Idiocyncracies either. In case, however, of any idiocyncratic intolerence or gastric irritation is noticed, one or two cloves or two or three dried grapes may be given with the tablets and followed with the cup of sugar water or buttermilk. *Aathanchana* or acid buttermilk is the best vehicle for *Takmari Tablets* ; and may be freely given in the intervals with the diet and as beverage.

Diet in Takmari Treatments.

No diet restrictions are needed in Malaria and still the more so with *Takmari* Treatments. Any local fever diet may be given according to the taste and liking of the patient and the capacity of his digestion. Any easily digestible and nutritious food will be recommended.

Aathanchana or acid buttermilk with some salt, Sugarcane juice, Grape and Tender Coconut water are good and may be freely used.

Allopathic Professional Opinion of Medical and Health Officer.

"*Takmari* Tablets are as good as Quinine and in many cases better and free from every sort of evil effects like weakness, ringing in the ears, dizziness and reelting of the head, nausia and vomitting, and skin discoluration and abortions in pregnent women. They are perfectly harmless and their administration may be safely entrusted to the home. They are recommended for liberal purchase and extensive free distribution by the Village *Panchayats* and managements of the Coffee and other Plantations. The tablets are definitely cheaper than similar tablets imported from outside."

Dr. U. S. Kini, M. B. B. S., Dr. Madhavarao, Dr. S, V. Rao,
Medical Officers of Health in Health Units,
and a member of others

Manufacture, Supply and Distribution of Takmari Tablets.

Under the auspices and in the name of Malanad Malaria and and Medical Relief Research Ayurvedic Centre, Chickmagalur-Mysore, *Takmari* Tablets are manufactured and supplied by TAKMARI DEPOT MYSORE. They are issued in vials of 20, 100, and 500 Tablets at a flat rate of Rs. 4-8-0 per hundred tablets.

Distribution through Co-operative Departmental Trade Channel.

With a view to stop profiteering and other trade malpractices, general distribution of *Takmari Tabtets* has under departmental

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orders been entrusted to the Regular and Multi Purpose Cooperative Societies both in the urban and rural areas in the Mysore State and similar arrangements are being organised in the other states.

For facilty of easy canalisation the supply organisation is entrusted to the District Marketing Societies in each district which will organise the supply and sales through the Taluk Multi Purpose Cooperative Societies and they in their turn will distribute through the Circles Multi Purpose Cooperative Societies in the Hoblies and Circles and Revenue Firkas.

Retail Sale by Branch Post Offices.

Under departmental orders *Takmari Tablets* are permitted for retail sale by the Branch Post Offices on the Extra Departmental side in all the provinces in the place of and in addition to the Governmental Quinine.

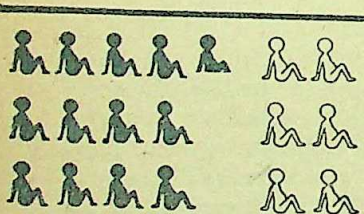
In addition to the Sales in the Branch Post Offices, under additional commissions the Village Post Men carry the tablets for cattering to the needy villagers in the interior muffussil.

Departmental Supply to the District Board Dispensaries and Hospitals.

Takmari Antimalarial Tablets are now supplied for routine use to all the Ayurvedic and Unani Dispensaries on the side of Indian Medicine in the Mysore State, with a view to secure uniformly high class Antimalarial Treatment at the State Level.

It is hoped that in course of time the same procedure will be followed by the other States in the Indian Union.

To be continued



60% are Males

There are twice as many male children as females among the cases of Infantile Cirrhosis of the Liver definitely diagnosed at our Bombay Clinic.

This is only one of the many facts brought out by our systematic observations. With ten clinics, staffed by a team of medical men who concentrate on this one disease, we have naturally accumulated a considerable body of data.

One use of this knowledge has been to improve on our original prescriptions, which are now the choice of the medical profession, for Infantile Cirrhosis of the Liver.

EACH SYMBOL REPRESENTS 20 PATIENTS

BLACK FIGURES MALES

WHITE FIGURES FEMALES

CO-ORDINATION OF KNOWLEDGE

We are keen to share what we know with practioners all over India, whose experience must add enormously to the pool of useful data. Full details of our diagnostic, prophylactic and therapeutic techniques are open to any member of the Medical Profession. May we send you information about Jammi's Livercure, and reprints of our Statistical Surveys?

Arcot Srinivasachar St, BANGALORE CITY— Big Bazaar St., Teppakulam, TIRUCHIRAPALLI— Big St., KUMBAKONAM—Gandhinagar, VIJAYAWADA—Rajah Bazaar, VIZIANAGRAM CITY— 132/1, Harrison Rd., CALCUTTA —Jadunath Sanyal Road, LUCKNOW—273, Mohan Nagar (Khalasi Line), NAGPUR— Parekh Mansion, Sandhurst Road, BOMBAY 4.

JAMMI VENKATARAMANAYYA & SONS

2, Brodies Road, Mylapore, Madras.

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All-India Ayurvedic Congress News

PRESIDENTIAL ADDRESS

delivered by

VAIDYA RATNA PANDIT SHIV SHARMA

Ayurvedacharya, Ayurveda Brihaspati (D. Sc. A.)

at a

SPECIAL SESSION, GHAZIABAD-DELHI.

(*Continued from last issue*)

Case 3. Austin P. 15 years old son of a popular doctor practising in the most fashionable quarter of Bombay, had been suffering from severe attacks of asthma which had learnt to resist ephedrine and adrenaline, acute attacks of hyperpyrexia insensitive to injections of penicillin, acute anemia in which the blood count continued to come down to below 3,000,000 RBC in spite of the best modern antanaemic measures including two blood transfusions, an exceptionally acute attack of eczemafous dermatitis with not a pin head spot on the head, the body or the legs left unaffected; turning the entire exterior of the body into one whole festering sore covered with a thick ooze. For once even the most hardened physician would flinch to see all these symptoms simultaneously torturing the young boy. It is said that the vaidyas possess some excellent ancient remedies but it does not require much imagination to realise that this very complicated case did not require an 'excellent remedy' but a very prolonged skillful piloting through a systematic approach which could meet the exigencies as they arose This patient showed a remarkable response to Ayurvedic treatment The high adaptability of Ayurveda to diseases of a totally new origin was amply demonstrated on this case when recording an all round satisfactory improvement, *the patient suddenly developed haemolytic anaemia a month or so after the lasl blood transfusion had been given. This anaemia, entirely new to Ayurveda* (as blood transfusion was not given in ancient India and haemolytic anaemia resulting therefrom was not known) *was also first mastered and then cured completely following strictly the tridoshic line of treatment.* The young man is puting on weight while happily and regularly attending his school.

Actually it is not the paucity of material, argument or merit, that constitutes our main difficulty to-day, It *the problem of conveying the faets* to a mind gaurded by two impregnable ramparts—the deep seated prejudices already existing there and the additional encirclement thereof by the rings of unscrupulous official allopaths with vested interests. It is said of the Scotchman that the only way to make a joke reach his mind is to surgically cut open a window in his skull, put the joke inside and suture up the window on the skull again. The person who thought it up

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could not have been more desperate than I am far making the facts (and facts only) about Ayurveda reach the mind of Panditji. It is suggested to me that I should get resolutions passed at this conference declaring Ayurveda to be a non-Hindn, a non-cultural, a secular and an international acience to make Panditji agree to know something about it. Another suggession comes that we must stop claming our majority. for, in a secular state the majority must be asked to sacrifice itself for a minority and the doctors, being in a numerical minority in the country, must receive favour. Yet another person has accused me of not flooding the Prime Minister's office with resolutions for noise and propaganda have a far greater value than mere merit. All this is carrying absurdity to absurd limits. What stronger or more authoritative resolutions could be forwarded to the government than the reports of the 17 government committees and the recent report of the Chopra Committee? If such important documents can be shelved, what chance of consideration at the hands of the government do our resolutions stand?

My final prayer to Panditji is: For Heaven's sake grasp the facts regarding Ayurveda *in toto* and till this is accomplished (and till then only) kindly drop the subject from your speeches. And above all do consider the following weighty words of J. W. N. Sullivan :—

> "Great men, in speaking about things they, do not thoroughly understand, hinder human progress in one of its fields while contributing to its advance in another."

It is significant that it is easier for Ayurveda to impress pioneers of international fame in the allopathic field, pioneers of the stature of Alexis Carrel and Kenneth Walker, but its potential greatness leaves our Indian internationalists totally cold. Surely there is something wrong somewhere. Where is it likely to be wrong?

The Health Ministry—Ayurveda Quacked Against

The Ayurvedic profeesion was only one favour to ask of the Honourable Rajkumari Amritkaur: By all means "eradicate quackery" if vou can. We ourselves are no less anxious to purge our ranks of quacks and charlatans. But the difference between a science and a practitioner should not be overlooked. It should be possible to distinguish between an occasion for a creative discussion on a useful science and an occasion for deprecating the unscrupulous elements. In the presence of the Deputy Chairman of the National Planning Commission, an eminent allopath unwittingly (or to be fair to him, perhaps wittingly) let out the remark, "In practice the allopaths are greater quacks than you, the vaidyas." The confession does not authorise any person prejudiced against allopathy to pull the remark out of its context and start a relentless campaign of vilification not only against the allopaths, but against allopathy itself. This is precisely being done against Ayurveda. The lay minister should understand our

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feelings when *they* try to enlighten *us* on subjects like *tridosha* in their speeches. Thomas Hardy, had he been a vaidya, would have cried "*We are more quacked against than quacking.*"

Allopaths' Enigmatic Symptom

Malignant Pseudo-Hyper-Philantl ropy

What is to follow should not be taken as a fling on allopathic profession in general. There are many modern medical men in India who would be a source of pride and dignity to any society or profession anywhere in the world. But there is an extremely active group of allopathic busybodies whose anxiety and solicitude for the welfare of the Indian masses remains enigmatic in the extreme. They may not be available to any member of these masses except for very high fees even when the poor patient may be dying; they may have no time to listen to or give instructions to patients' relations even when the patient may happen to be in a serious state of mental and physical agony, they may find it very difficult to glve the same attention to those patients in the hospital wards who cannot tip them as they pay to those who grease their philanthropic attention whether they can afford to do so or not; they may abandon the noble profession of medicine altogether and take to business, politics and administration, if latter professions offer them a chance and are more 'worth while,' their time thereafter may be dedicated to political squabbles, party bickerings and recriminations, hushing up of *this* case and *thut*—in fact, they may indulge into any practice but that of worrying about the suffering and the sick; but let the government take up an Ayurvedic measure and down they rush with all the speed from corners of the country shouting slogans of science and service. for, is not their anxiety for suffering humanity the one genuine passion of their lifetime.*

Ourselves, No Better

The foregoing should not be taken to mean that we, ourselves, have done any better for our scrence or our country. At no stage have we responded to the call of duty, integrity, scholarship and skill. In a measure we have asked for the treatment meted out to us. It is futile to look for a government document derogatory to Ayurveda not carrying signatures af one vaidya or the other along with those of the allopaths. It is also futile to look for a serious, disinterested and united effort, by any of us, towards any of our objectivea in anv state in the country. Recently I had occasion to be present at aconference of different associations of vaidoas which was held under the joint auspices of all of them. The express object of the conference was the objact of achieving unit and marching together at a time when adverse political shadows darkened the path of Ayurvedic progress. Even at this moment of dire need that unity was dot achieved. The office holders are comfortably asleep over the resolutions passed by the

* These incurable and violent paroxysms of malignant pseudohyperphilanthrophy have been treated in detail in the Presidential Address of the Bombay State Ayurvedic Conference which will shortly appear in the Sammelan Patrika and the Journal of Ayurveda.

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conference. A quarrel is going on over the miserable small funds which were collected. No work, constructive or destructive, has yet begun. The conference has left only friction and acerbities behind. There is not even a distant desire on the part of the office holders to lay down the office when they cannot carry on the work. In every state the story of Ayurvedic associations is the same. Mutual jealousies reign supreme. *What* is to be done is never so important as *Who* would do it. Each resolution and each proposal that comes forward carries behind it some scheme or approach which directly or indirectly brings in the sponsor thereof. It is always the self before the science and the profession. Our indiscipline at our meetings and conferences is heartbreaking—its effect on work to be done is disatrous. Few speakers are keen to help, others are just keep to speak only. If we are to win the battle for the just rights of Ayurveda, we shall have to be more integral, less selfish and less indisciplined in our approach to the issues confronting us.

The Pandit Committee Report

The Pandit Committeh report, a brief document, written to order, reverses the Chopra Committee decision on synthesis of systems, since synthesis was detrimental to the future of allopathy as already discussed. The curriculum suggested by it is bound to perpetuate the production of exactly the same class of vaidyas as has been subjected to criticism and condemnation by us as well as the sponsors thereof themselves. The top heavy and largely allopathic study is totally redundant for a person who has to develop into a first class vaidya and take his place in healthy rivalry against the practitioners of non-Ayurvedic systems. The research in Ayurveda is welcome, but even that recommendation, when put into practice by prejudiced allopaths shall turn unproductive. I purposely do not wish to give you a directive on the recommendations of the committee as the decisions on this subject should be arrived at after a general and unhampered expression of views at the conference.

Task Before Us

The task before us should consist of the assimilation in Ayurveda of all that is useful in medicine and surgery and to conserve all that is good in Ayurveda. I have indicated the lines along which this consummation is possible in the extract under the sub-title "The Question of Synthesis. We should not fall into the trap of speed at the cost of efficiency. A traget of three to four years should prove quite practical. We should adjust our texts in anatomy, surgery and midwifery in the light of the great modern advances. Such drugs as are consistent with the Ayurvedic principles of safety and utility e. g. penicillin,* should be taken over. Others which militate against the tenets of Ayurveda, e. g., the sulpha drugs, may be rejected. Work on these texts should begin forthwith. We should learn to give our best to the cause. Shri Jadavji Tricumji Acharya is doing very useful and

*It should be borne in mind that the popular practice of drinking cold infusion of the "doubling loaf" by soaking it overnight and taking the infusion next morning is nothing but drinking the solution of yeast and fungus grown during the night. It would be interesting to investigate whether the infusion contains any traces of penicillin.

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intensive work on materia medica despite his indifferent health and advancing years. The work on identification of herbs and drugs is very important. Vaidya Ratna Pandit Ram Prasadji and Acharya Surendra Mohan can be requested to take up the task of identification by exploring the vast herbal resources of the Simla hills. Efforts can also be made in other states where right men and material exist side by side. A text book of Ayurvedic principles dealing with *Prakriti Purusha Vada, Pancha Mahabhuta Vada, Tridhatu Tridosha Vada, Sapta Dhatu Vada,* and *Rasa Veerya Vipaka Prabhava Siddhanta* should be ready within the target period. Having assimilated the neccessary advances of allopathy as parts of Ayurvedic texts themselves, very little shall be left outside the scope of Ayurveda itself. That little can become the allopathic counterpart of the Avurvedic curriculum in the government Ayurvedic colleges—either compiled in the form of a special text book or imparted merely in the form of a few lectures covering the subject. Needless to say that this part of the study shall consist of allopathic material which runs counter to the Ayurvedic principles and the sole utility of its existence in the course of Ayurvedic studies shall be no more than to satisfy the vanity of the allopaths in power in the Government of India. We shall have every right to resist this utterly unneccessary imposition.

Such a process should meet the legitimate wishes of all groups inside and outside the Government except the few vandals who wish to eliminate Ayurveda from the fields of practice and study altogether. The Government must learn to ignore them. Their failure to produce anything tangible during the last decade or more in spite of the Government funds and authority having remained in their hands exclusively should be a sufficient reason to do so. This alone appears to me to be an effective and fruitful way out of the present impasse created by the clash of rival demands in this field.

Friends, the time at our disposal is limited and I do not wish to add more to what I have said. I thank you for the patient hearing you have given me and I hope I will receive similar kindness and co-operation from you during the deliberations of the conference.

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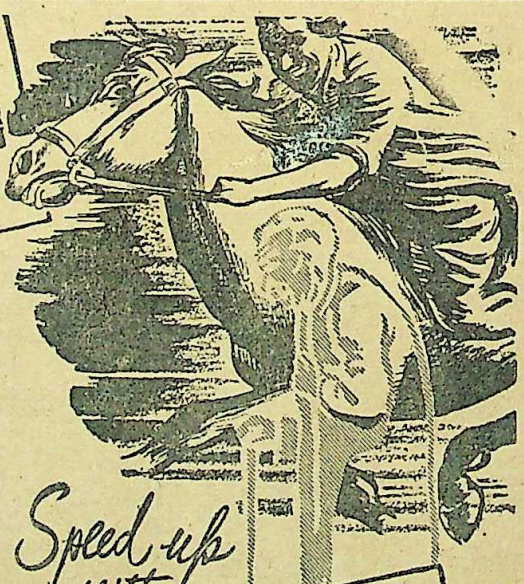
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THE JOURNAL OF AYURVEDA

Vol. 3 November, 1951 No. 11

EDITORIAL

CRISIS IN AYURVEDA

The misguided policy of the Government of India for the past thirty years and the misled opinion of Ayurvedic leaders and its sympathisers during the last two decades have resulted in a crisis in the Ayurvedic System. A class of Ayurvedists has arisen in the country, who have qualified themselves as Vaidyas, but have neither understood nor practised the system. Most of them appear to have lost faith in the efficacy of the system in diagnosing the diseases and in treating the patients.

We do not mean to include, in this class of vaidyas, all the graduates of all the modern Ayurvedic Colleges, but we have no hesitation in saying that most of them do not understand the fundamental differences between Allopathy and Ayurveda. They were qualified to work as Ayurvedic practitioners, but most of them, like Allopathic doctors, have become the agents of big medicine manufacturers of the west. They subscribe to journals sponsered by those manufacturing concerns and are always hunting for newest medicines with their therapeutic effects written in them. They are not concerned with the theory on which those medicines are being invented and manufactured. They do not care whether the medicine they are drugging their patients with, will suit them under the conditions prevailing in India. They are concerned with the speedy, so to say, recovery of the patient and pocketing the money.

We beg to be excused for this self analysis. We know of some of the graduates of modern Ayurvedic colleges, who have done tremendous service to the profession and the science, but innumerable instances can be cited where the, so to say, qualified vaidyas are dealing purely and simply with drugs found in persuance of

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allopathic theory of diseases and are manufactured by foreign manufacturing concerns. It is a rare sight to find any shastric Ayurvedic medicine in their clinic or dispensary. They do not know the properties of the medicines they are using, with regard to their effect on the 'vata Pitt and Kaph' contents of the body, nor their, 'Rasa, Veerya, Vipaka and Prabava' their knowledge of the medicines is confined to what they read in the Journals issued by the manufacturers.

Being graduates of Ayurvedic Colleges opened and recognized by the British Government and its present inheritors, they are respected by the Government and public, of short knowledge and experience. These graduates are being given positions and posts of vantage. Even Allopathic doctors want them to lead the Ayurvedic profession, although they look down upon them, when the question of their ability is considered. Allopathic doctors would have them as holding Government Ayurvedic positions, but would niether consider them equal to themselves in any respect, nor fit to be taken in their own fold. The policy underlying this sympathic attitude is clear enough. While an Ayurvedic physician of the old school can beat him, atleast, in the filed of treatment of diseases, the new produce of these ill equipped Pseudo-Ayurvedic and Pseudo-Allopathic colleges can easily be beaten by even a doctor of an ordinary ability.

The Ayurvedic graduates, who have never diagnosed the disease of a patient or have never cured him by following Ayurvedic system, when in position, want to denounce Ayurvedic fundamentals. They do so, not because they have tried them and found them wanting, but because they were never taught, nor they ever attempted to practise them, It is, therefore, natural for them to ignore and deprecate the fundamental basis of the Ayurvedic science.

If the conditions prevailing in the modern Ayurvedic Colleges are allowed to continue for some time more, then Ayurveda, as science, distinct from other pathies, will be lost for good. We are not discussing whether this loss will be good for humanity, specially for the people of India. What we have brought about is that the present Ayurvedic colleges are sure to kill the science in another two or three decades. People, who believe, in the truth of the Ayurvedic fundamentals have to be warned of the impending crisis in the Ayurvedic science.

We do not hold the opinion that any class of medicines cannot and must not be used by Ayurvedic practitioners. We consider the right of Ayurvedic physicians to know, understand and use all the things present in this world, which they feel will be beneficial for their patient. But we are quite clear about the fact that the theory of 'Vata, Pitta and Kapha and Ras, Veerya, Vipaka & Prabhava form the basis of Ayurvedic treatment. An Ayurvedic physician cannot and must not use drugs, about which he does not know anything according to its fundamentals. Either Ayurveda, as

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a system, should denounce the correctness of its fundamentals, or a person, who poses himself as a Vaidya must not use medicines, whose properties according to Ayurvedic system, he does not know. It will be nothing short of deceiving the public, if one, posing as Ayurvedic physician, is not knowing the properties of the medicines, he is using.

It is a pity to hear a prominent Vaidya from the platform of an Ayurvedic Sammellan, saying that inorder to compete with the Allopathic doctors they have to use the Antibiotic medicines, for speedy cures. The poor fellow thinks that the using of thermometer for finding the temperature of patients or using stethoscope for recognizing the sounds in the lungs or the use of instruements for detecting symptoms, is allopathy and to see pulse and other symptoms by naked senses is Ayurveda. We pity at his knowledge of Ayurveda and this is the stuff that the modern Ayurvedic Colleges have given to the public. We can spare no emphasis to say that using instruements to enhance the power of our senses is not allopathy and not to use them is not Ayurveda. They are altogather different things. Similarly to have long sharp knives to give an incisions or to use anaesthesia is allopathy and not to use them is Ayurveda.

Today we are not discussing the fundamental difference between allopathy and Ayurveda. Our Journal has thrown sufficient light on the subject many times and will take another opportunity to discuss it thread bare. The thing that we are discussing at present is the danger that have arisen by the products of modern Ayurvedic colleges. We believe that this danger has arisen on account of the following reasons.

(1) Failure to appreciate the difference between the allopathic system and the Ayurvedic system of medicine.

(2) Failure to frame a syllabus for Ayurvedic colleges which should have formed a judicious coordination or the modern sciences and Ayurveda.

(3) Failure to understand the roll of *Darshan shastras*, visa vis to modern physics and chemistry and Ayurveda.

(4) Failure to understand the roll of instruements in the diagnosis of diseases.

(5) Failure to strike a balance between the amonut of teaching of theory and practice.

The failures are getting more and more prominent by the passing of the time as the number of graduates coming out of the modern Ayurvedic colleges are increasing daily.

We are writing about these failures in subsequent issues and about the methods to avert them.

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Planning of Research in Tri-Dosha Siddhanta of Ayurveda

By

Dr. A. Laxmipathi, B. Sc., M. B., C. M., Kaviratna

43 Harris Road, Mount Road, Madras.

(*Continued from last issue*)

Chapter VII

Immediate Minimum Demands for Research in Thri-dhaatu and Thri-doshas.

(44) (1) Half a dozen learned Vaidyas should be made to take full charge of a well equipped hospital conducted on purely Ayurvedic lines.

(2) Their Salary should be fixed between Rs. 400/- to Rs. 1,000/- They should not be allowed private practice. One of them should be the head and the five others his assistants.

(3) Reports of the cases treated should form a public record, which should as far as possible be in the unanimous language of the Vaidyas. Wherever they differ, disserting rates should be published.

(4) The first result that should be effected from this arrangement, will be that the language will grow as a common languages between themselves on the one hand and between the Vaidyas and the modern scientists on the other. The language becomes clear, and the terminology is fixed nearest to the text books and is communicable to each other. This enables all teaching in an integrated manner.

(5) Other Research workers, such as Allopathic doctors, pure scientists and pharmacists should assist these Vaidyas and give them all possible help, in the departments of diagnosis and render surgical and other aid whenever required. The Vaidyas may, at their own descretion, use any allopathic drugs in their treatment. The methods of treatment are important and not the drugs used by them. When the Vaidyas consider it necessary, they may transfer any of the patients to other hospitals for special treatment. Modern scientists and allopathic doctors may keep their records of the diagnosis and treatment in their own way, but they shall not interfere with the treatment of the Vaidyas in any way.

(6) All knowledge from whatever source, it is obtained should be welcomed, even if it comes from illiterate and unscientific persons, men or women. It should be treated as based on facts and should be subjected to further experiment and verification. This should include knowledge of single herbs, drugs and chemicals and of *Yoga Sastra* and *Mantra Sastra* and secret methods of treatment handed down hereditarily.

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(7) A periodical should be conducted on behalf of the hospital, through which the results of treatment or any other observations should be published regularly from time to time.

Chapter VIII

Scheme of Research in Ayurveda.

Properly equipped Hospitals and Laboratories.

(45) Researches on modern lines in properly equipped hospitals and laboratories, the reports of which could be submitted to any scientific body may be started soon. Research workers could be Ayurvedic Vaidyas, allopathic doctors, biologists and bio-chemists working in a team under the directorship of Vaidyas. The scheme of Research is to be arranged in eight sections, preferably to be taken up simultaneously.

Research in Panchabhootas.

(46) Researches must be conducted to test the *Panchabhautika* origin of the body and the psychological corollary or significance of their conception. Modern Science should explain how the *Panchabhootas* enter the body, form parts of the body and leave the body. The properties and functions of *Panchabhootas* outside the body and inside the body could be explained in modern language after proper tests.

Research in Thri-dosha Siddhanta.

(47) *Thri-dosha Siddhanta* maintains the existence of three nutrient body fluids called *Thri-dosha* and the equillibrium of the *Thri-doshas* keeps the body healthy, and that the disturbed equillibrium causes disease. Modern methods must be devised in order to identify these *Doshas* in the laboratory. Then only can their properties be investigated and proved. That would convince the modern scientifically minded student about the fact and not the myth of *Thri-Dosha Siddhanta*. In the investigation of the physical, physiological and pathological properties of and behaviour of the *Thri-Doshas*, a different conception of the organism would evolve and this should lead to the proper study of the relationships between morphology (including anatomy, histology and cytology) and physiology and pathology. Ayurveda maintains that a comprehensive knowledge of the *thri-doshas* in their morbid condition would lead a student to understand the physical or physiological states.

Research in Sapta-dhaatus and Malaas.

(48) Experimental investigation of the *Thri-doshas* should lead to the discovery of the seven *dhaatus*. Their origin, properties, circulation and fate of the *dhaatus* have to be analysed and codified. Special emphasis should be laid on the study of the *malas* (*doshas*). Are they to be compared of two the metabolites ? Experimental data should be collected about the origin, functions, disposal and functions of the *malas*.

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Research in Nutrition.

(49) By a study of *Thri-doshas* and the *Sapta-dhaatus,* it should be possible to interpret the Ayurvedic conception of pathology. For this purpose the *thri-dosha* property is of various substances such as cereals, vegetables, drugs etc., should be experimentally studied. This would then constitute the Ayurvedic Pharmacopoea in modern language. Naturally the pathological processes of tissues would have been discovered in this process care must be taken not to omit the psychological aspects in the investigation. Mere Analysis of caloric values or mineral consists of any substance should not be held as sufficient.

Clinical Research.

(50) Clinical analysis by non-interfering allopaths of various diseases of human beings in Ayurvedic hospitals should be possible. The results of such analysis would lead to the comparison with the clinical notes already made by the Ayurvedic doctors. This parallel study of clincal should continue till sufficient statistics have been collected about the major disfunctions of the body.

Research in Surgery.

(51) There is much in the Theory and Practice of Surgery in Ayurveda (irrespective of the methods of the several operations) which should be studied by research. For instance, Ayurveda believes and lays much stress on the improvement of the constitution of the patient *i.e.* the *thri-dosha* equillibrium, for the success of the operations. Surgical operations only help nature to work better.

Careful attention to constitutional treatment may help to avoid many operations and may also decrease the number of failures in the operative treatment.

Research in Embriology.

(52) Experimental Embryology and child physiology as undertaken in modern scientific laboratories may be made introduced into the investigations of mental conditions of *Satwa, Rajas* and *Tamas* and of *ojas*. The science of Genetics and Fertilisation may be studied.

Convening Symposia.

When sufficient material has been collected symposia may be arranged from time to time on each of the sections and the findings may be submitted to leading scientific bodies and men for criticism and comment. In this manner, satisfactory co-operation between the two systems and the integration of the two systems may be effected.

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About the Mis-Leading Version in the Ashtanga Hridaya

By

VAYASKARA N. S. MOOSS, *Kottayam*

I have carefully gone through the criticism of Ayurveda-charya Sri Ramakrishna Sastry, relating to my article with respect to the verse beginning with ऊषादिभिः that appears in the 18th chapter in the *Sutra Sthana* of the *Ashtanga Hridaya*, published in the September 1950 issue of the Journal of Ayurveda.

In his article Mr. Sastry has stated that my criticism is simply founded upon *Proudhokti* in order to test the knowledge of other Ayurvedists. This is not really the case.

The *Kerala* version of the text is not a new one but a time honoured reading and it appears in the Ashtanga Samgraha also. We, the physicians of *Kerala* believe that the version in the printed editions (मलो हि देहादुत्क्लेश्य ह्रियते वाससो यथा । स्नेहस्वेदैस्तथोत्क्लेश्य ह्रियते शोधनैर्मलः ॥) is not a true one. Many commentators have accepted the *Kerala* version and they have not even suspected the existence of a different reading of the text.

Further, in editing the Southern India recension of the Ashtanga Hridaya I have carefully collated about a dozen old manuscripts of the text and I have not been fortunate enough to see the printed version even in a single manuscript. Hence I doubt how can the printed version be considered a real and age old one.

Now I give below extracts from some of the common commentaries on the Ashtanga Hridaya, with respect to the verse so as to enable the scholars to have a careful and detailed study of the subject.

Vasudeva, the author of the *Anvayamala* Commentary, gives the prose order of the verse thus : यथा ऊषादिभिः वाससः मलः उत्क्लेश्य ह्रियते तथा एव स्नेहस्वेदमाषतिलादिभिः वपुषः मलः उत्क्लेश्य ह्रियते ॥ (Mss. Page 16). From this it is clear that he has accepted the *Kerala* version of the text.

The *Hridaya* Commentator also accepts the same version and his comment on the portion is as follows : ऊषा मृत् । आदिशब्देन नालिकेरवल्कवन्दाकादीनां भस्म गृह्यते । मलः कलंकादिः ॥ (Mss. Page 113).

Sridasapandita, the author of the *Hridaya-bodhika* Commentary gives his comment on the verse thus : किमर्थमेवं स्नेहस्वेदौ युन्जीतेत्याह-ऊषादिभि-रित्यादि । ऊषा क्षारमृत्तिका । आदिशब्देन नारिकेलवल्कवन्दाकादीनां भस्म गृह्यते । यथा वाससो वस्त्रात् स्विन्नात् मलः कलंकादिरूषादिभिरुत्क्लेश्य पतनोन्मुखं कृत्वा जलादिना ह्रियते तद्वदेव वपुषो देहादपि मलः स्नेहस्वेदादिभिरुत्क्लेश्य वमनादिभिर्निर्ह्रियत इति संबन्धः । (Mss. Page 152).

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Parameswara, the author of the *Vakya-pradipika Vyakhya*, also accepts the *Kerala* version of the text and comments on it as follows : शोधनप्रयोगे स्नेहस्वेदयोरवश्यकर्तव्यत्वे युक्तिं दर्शयति - यथा वाससः मलः ऊषादिभिः उत्क्लेश्य ह्रियते तथा एव वपुषः मलः स्नेहस्वेदमाषतिलादिभिः उत्क्लेश्य ह्रियते । ऊषा क्षारमृत्तिका । येन प्रकारेण मलमिश्रादंबरादूषानादिकेरवत्कल भस्मपिण्याकवन्दाकादिभिः सह स्विन्नत्वात् स्थानात् सञ्चलय्य मलः कलंकादिर्ह्रियते । रजकेनेति शेषः । तद्वदेव देहादपि स्नेहस्वेदादिभिः स्थानात् सञ्चलय्य मलो वातादिः शोधनैर्ह्रियते । माषतिल द्यभ्यवहारेणापि दोषोत्क्लेशदर्शनात्तद्ग्रहणं कृतम् । (Mss. Page 169).

These extracts taken out from diffrent commentaries on the Ashtanga Hridaya clearly show that the authors of these commentaries have accepted the *Kerala* version of the text. Further I have clearly stated that *Indu* has also accepted the very same version and he has commented accordingly in his *Sasilekha* on the Ashtanga Hridaya, in my article published in the April 1950 issue of the Journal of Ayurveda.

Arunadatta's comment on this portion of the text is also given below : किमेवं विधीयत इत्याह—मलोहीत्यादि । यतो देहादुत्क्लेश्य पतनोन्मुखं कृत्वा मलो निर्ह्रियते । कथमिव । वाससो वस्त्राद्यथा वस्त्रं मर्दयित्वा जलादिना मलो निर्ह्रियत इति । This comment however does not warrant that the respective verse as appearing in the printed editions of the Ashtanga Hridaya is correct and that he has accepted the very same version of the text. In the comment certain new words have been added and meanings have not been given for all the words in the text. Hence it is a matter to be investigated whether this particular verse that appears in the printed texts is the one accepted by *Arunadatta*.

It was no doubt a pleasure for me to go through the meaning of the word *Sneha* given by Mr. Sastri in his article. In accordance with the *Tarkika* system of philosophy I accept its meanings given by *Annambhatta* and others. But I doubt whether the word *Sneha* has been used in Ayurvedic texts like Charaka, Susruta or Vagbhata to mean water or moisture.

I shall be glad if Mr. Sastry will be good enough as to give a few instances where the word *Sneha* has been used to mean water or moisture, from Ashtanga Hridaya. It will no doubt enable to consider the matter and to find out the correct applicable meanings in those particular cases.

Mr. Sastry has said : "Another answer is that the word *Sneha* is meant by the author to be used twice, but by applying *Eka Sesha Vidhana*, Only one word is appearing, the second standing behind it unseen and coming into existence when the meaning is dealt with. So स्नेहश्च स्नेहश्च स्नेहौ । सरूपाणमेकशेष एकविभक्तौ—Panini."

In this connection I wish to make it clear that in case the word *Sneha* is to be used twice in separate sentences as in the present case, only one word is used, the second standing behind it

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unseen and coming into existenee when the meaning is dealt with, *Eka Sesha Vidhana* rule cannot be applied there. By the rule सरूपाणामेकशेष एकविभक्तौ (1—2—64) of *Panini*, the *Eka Sesha Vidhana* can be applied only in case of words in the dual and plural forms having the same meaning and form. Here in the context the word in the verse is *Snehasvedaih*. In order to make the meaning clear this word has to be used twice in two separate sentences in this case and the rule *Eka Sesha Vidhana* of *Panini* can never be applied here. The word *Snehasvedaih* has to be used here both in the *Upamana* and *Upameya* sentences in the form of an *Anuvartana* only. Hence Mr. Sastry's explanation, I think is out of context with regard to the rule of *Panini*. Further the word *Snehasvedaih* is used in the plural form in order to connote the meaning that all forms of *Snehana* and *Swedana* may be done aceording to necessity with due consideration to the ailments the patient is suffering from. There is no such limitation that a particular method of *Snehana* and *Suedana* should be performed before resorting to the *Sodhana Kriyas*.

Mr. Sastry has made it clear that "in expounding the words of authors, the first duty of the commentator is to ponder again and again over the idea of the author and then select a suitable meaning." This I fully accept.

Each technical science has got separate vocabulary of technical terms and these have to be taken according to the context. Further the usage of such terms are restricted in each *Sastra*. For example the *Sutras* अंवार्यनद्योर्ह्रस्वः (7—3—107) ह्रस्वनद्यापोनुट् (7-1-54) etc have got in them the term *Nadi*. Really speaking the term *Nadi* here (in Sanskrit grammar) can never be taken to mean a river which is the general meaning of it. Similarly in medical science also, there are numerous technical terms. For instance, the term *Saindhava* is given as a synonym for *Asva* or horse in Sanskrit lexicons. Still, it is not used in medical treatises to mean horse. It is said : सैन्धवग्रहणं नाश्वे वैद्येनाप्रकृतत्वतः । The word *Saindhava* is very common in medical literature and its meaning is *Saindhava* salt. From the quotation cited above it is clear that in medical literature the term *Saindhava* has to be taken to mean the *Saindhava* salt only and not its common meaning the horse. In this connection I also wish to point out here that it is the duty of the students to consider the various *Tantra Yukties* also in order to have a clear and correct understanding of the technical terms and usages in the Ayurvedic medical treatises.

Now I conclude that the passage ऊषादिभिर्यथोत्क्लेश्य ह्रियते वाससो मलः । तथैव वपुषः स्नेहस्वेदमाषतिलादिभिः ॥ which appears in the manuscripts of the Ashtanga Hridaya is more appropriate and hence preferable. Further, the idea contained therein is more clear and not misleading in any way.

Mr. Sastry, in the last para of his article, has expressed his doubt about the existence of the *Sasilekha Vyakhya* on the Ashtanga

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Hridaya and has challenged me to state the place of its availability if it is really available. In this connection I wish to make it clear that *Indu* has commented on the Ashtanga Samgraha and Ashtanga Hridaya of *Vahata* under the same name *Sasilekha. Indu's* commentary on the Ashtanga Samgraha has already been published, but his commentary on the Ashtanga Hridaya is available in some of the public as well as private manuscript libraries of South India. Further I am quite prepared to show him old palm-leaf manuscript copies of it, if Mr. Sastry calls on me at any convenient time, which he can very well fix by writing to me direct, in case he has still any doubt with regard to its existence.

Louis Kuhnes New Science of Healing & Ayurveda

By

Dr. P. T. Jagannadha Rao, *Tirupati.*

Priessnitz, Schroth, Rausse and Theodor Hahn were the pioneers of Naturopathy prior to Louis Kuhne. Baths, packs, enemas, douches, etc. were mainly employed by them. Louis Kuhne discovered his own method of cure and named it "The New Science of Healing". He stated in his treatise.—"I discovered the laws upon which the method of cure now practised and taught by me is based.....What led me to my discoveries was an emperical method, based on the strictest and most careful observation and research, and on systematic experiments.....I cannot enumerate in detail all the experiments I tried, before my system was fully developed; that would doubtless be interesting to many, but would not be of practical value. "It is to be inferred that the author was unwilling to disclose his experiments done during his research. In his opinion," disease is the presence of foreign matter in the system. All diseases originate in the abdomen. The foreign substances which at first are chiefly deposited in the abdomen, finally spread through the whole body and hinder the normal development of the organs". How did Louis Kuhne arrive at the decision that the abdomen is the centre from where all diseases originate and spread. Why did he select the abdomen alone for treatment in all diseases. These problems cannot at all be solved by Anatomy and Physiology of the modern scientific system of medicine, but an exploration into oriental science would offer some explanation.

Naturopathy is based on finer human structures, which are supposed to be hypothetic by the modern scientist and realistic by the oriental scientist. Oriental science deals with psychology, the science of the soul, along with physiology. Occidental science rarely deals with metaphysics, the science of the mind which forms an introductory portion of the psychology proper, along with physiology. The present day research scholar of the top most rank in modern medicine is trying to realise that many physiological

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diseases are caused by only mental emotions, in the absence of the least physiological imbalance and that the ductless glands, to which much importance is given in pathology, are governed by mental emotions. Leaving the materialist aside and proceeding to the subject proper, treatises on subtle structures of the human frame reveal a regular subtile nervous system, called *Naadi Chakram*. The best exponent is *Sootha* and his treatise is *Sootha Samhitha*. Other texts which deal this subject are *Goraksha Samhitha, Dhyanabindopanishad, Thrisikhibrahmanopanishad, Yogachoodamanyupanishad, Jabaladarsanopanishad, Varahopanishad, Sarada Thilakam, Prapanchasara Thanthra*, etc. It is said that there is a centre in the abdomen from which originate the main fourteen *Naadis*. This centre is called *Nabhi Kanda, Kanda Yoni, Kanda Madhya* and *Nadi Chakra* by different authors in different texts. Out of the fourteen *Nadis* there are three, which are considered to be the most vital. They are the *Sushumna, Ida* and *Pingala*. The sacred *Shat-Chakras* are only plexii, constituted by these three nerves. The extent, colour, presiding deity, and action of the fourteen nerves are given in detail in the above said texts. These nerves are not amenable to dissection nor are they visible to the naked eye with or without the aid of any scope. The word *Naadi* is derived from the root '*Nad Gathou*'. *Naadi* is an indication of a path or course of some energy passing through.

In Ayurveda such *Naadis* are called *Dhamanis. Dhmanath, Anila Pooranath Prana Pooranathvaa, Dhamanyah*. These do not bear any analogy to the physical arteries, veins, nerves, and lymphatic vessels, but that they indicate a course of energy passing through. They are only subtile and abstract. By virtue of the difference in purpose, difference in the anatomical discription and difference in action they are proved to be different from the physiological vessels by the oriental science. They are twenty-four in number. Ten have an upward course, four transverse and ten downward. They govern the higher senses, touch and elimination respectively. (Refer Susrutha Sarira-Ch. IX; Vagbhata Sarira-Ch. III & Sarngadhara-Part I-Ch. V). All these subtile *Naadis* are controlled and regulated by will power if only an individual practises *Pranayama*, an exercise which regulates the rhythm of life breath. *Anila, Vayu, Prana* and life are synonyms. *Dhamanis* are conductors of such life energy or *Prana*. *Prana* is divided into ten parts by its difference in action. Five of them–*Prana*; *Apana, Vyana Udana and Samana*— are important and the first two of these five are considered to be the most vital in maintaining the balance of life. *Prana* has an upward motion and *Apana* has a downward motion. They maintain balance by contending traction.

The properties of *Prana* and *Apana* are given below :—

PRANA	*APANA*
Blue in colour	Red in colour
Vishnu presides	*Rudra* presides
Solar nature	Lunar nature
Constructive action	Destructive action
HAM of Hamsa	*SAH of Hamsa*

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Jeeva	*Prakrithi*
Akasa	*Ap Thathwa*
Inhalation	Exhalation
Energy	Form
Place—head	Place—abdomen
Upward motion	Downward motion
Right sided	Left sided
Masculine	Feminine
Pimgala Nadi	*Ida Nadi*
Assimilation	Elimination
Oxygenic	Hydrogenic etc. etc.

The lunar *Apana Vatha*, having its seat in the abdomen, tones up the whole system.

"अपानश्चन्द्रमा देहमाप्याययति सुव्रत"

—अन्नपूर्णोपनिषत्

All disease is controlled by concentrating at *Nabhi* or abdomen.

"सर्वरोगनिवृत्तः स्यान्नाभिमध्ये तु धारणात्"

—श्री जाबाल दर्शकोपनिषत्

"नाभौ निरोधयेत्तेन व्याधिभिर्मुच्यते नरः"

—सूत संहिता-अध्याय ११

"कुक्षिरोगविनाशः स्यान्नाभिकन्देषु धारणात्"

—त्रिशिखि ब्राह्मणोपनिषत्

नासाग्रे वायु विजयं भवति। नाभि मध्ये सर्वरोगविनाशः पाकाङ्गुष्ठधारणाच्छरीरलघुता भवति

—शाण्डिल्योपनिषत्

Yoga science advocates rejuvenation by the practice of *Moola Bandha* and *Vipareethakarani*, which blend *Prana* and *Apana* and maintain their balance.

"अपानमूर्ध्वमुत्याप्य प्राणं कण्ठादधो नयेत्।
योगी जराविमुक्तः सन् षोडशाब्दवयो भवेत्॥"

—हठयोगप्रदीपिका

The Friction Hip Bath : Fill the tub with water, as cold as possible. just so for as to reach the thighs and naval. The patient, half sitting and half reclining should then briskly and without stopping, rub the entire abdomen from the naval downwards and across the body with a coarse cloth kept moderately wet. This should be continued till the body is well cooled down. This is the process laid down by Louis Kuhne. Let us try to explain this method of cure. The portion selected for treatment is the place of water in the body.

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"आजानु कटिपर्यन्तं अपां स्थानं प्रकीर्तितम्"
—त्रिशिखिब्राह्मणोपनिषत्

The treatment is with water. Water has the power of curing many a disease.

सोमसूर्याग्निरूपेण जलेन स्पर्शमात्रतः ।
नश्यन्त्यशेषतो दोषाः तस्मात्सेकसमो न हि ॥
सोम सूर्याग्निरूपत्वं जलस्योपरिकीर्त्तितम् ।
तस्मादशेषदुःखार्तिशान्त्यै स्यादभिषेचनम् ॥

तन्त्रराज तन्त्र-अध्याय २

The principle of treatment is firstly establishing a concentration of mind over the abdomen and secondly maintaining the balance of *Prana* and *Apana*. Water is composed of oxygen and hydrogen. Oxygen is *Prana* and hydrogen is *Apana*. The imbalance between the two phases of energy is rectified by supplementing the deficiency through water. Hot water has only the caloric energy. Therefore only cold water, which has the electric energy, should be used for the treatment.

The Friction Sitz Bath : Insert a foot stool and pour water to the level with the upper edge of the seat, leaving the top dry. Sit on the dry seat. Dip a coarse cloth in water and gently wash the genitals and abdomen always bringing up as much water as possible with the cloth. This is for the diseases of the women. In males similarly the extreme edge of the foreskin is washed in the cold water. In this line of treatment it is to be borne in mind that a *Nadi* called *KUHU*, extending from *Nabhi Kanda*, supplies the foreskin. Its seat of origin is just by the side of *Sushumna* anteriorly. *Alambusa* is anotner *Nadi*. which has a solitary downward direction from *Nabhi Kanda* to anus. Both these *Nadis* convey electric energy to the body through the *Nadi Chakra*. In addition to these two *Nadis* it is to be observed how the energy is conveyed to the brain, as Louis Kuhne said in this book. The *Sushumna Nadi*— the centrally situated *supreme Nadi* of the fourteen extending from *Nabhi Kanda*—has within it *Vajra Nadi*, starting from the root of the genitals and reaching the head. Within *Vajra Nadi* is *Chithrini*, which commences from *Mooladhara* and ends in *Sahasrara*. And within this *Chithrini* is *Brahma Nadi*, which begins from *Swayambhu Linga Chhidra* and extends upto the *Parama Bindu*. From a study of the course of these nerves it is easy to understand how some sort of electrical energy is carried or conveyed from the genitals or abdomen to the brain and in turn to the whole body. All the above quoted references confirm the views of Louis Kuhne, who says, "It may appear inexplicable to many, that just the particular part of the body mentioned, and no other, should be chosen as the place to apply these baths. But as a matter of fact, there is no other part so suitable for the purpose. In no other part are there so many important nerve terminations. These are especially the branches of many spinal

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nerves and of the nervous sympathious, which owing to their connection with the brain, render it possible in this way to exert an influence upon nervous system." In conclusion it is to be summarised that any sort of nature cure is directed towards functional diseases only, but not organic diseases. Organic diseases resulting from emotions are better cured by nature cure.

TAKMA NIRMOOLANA OR ERADICATION OF MALARIA IN INDIAN MEDICINE

WITH THE NAGARI TEXT AND ITS SCIENTIFIC EXPLANATION

By

SRI BHARATHI SWAMI JI,

Director, Bharatha Cultural Heritage

398/1. Krishna Vilasa Agrahar, Mysore.

In the last article we mentioned that there are two systems of Ayurveda, one The Value Syatem and the other The Welfare System. Charaka, Sushruta and Vaagbhata and the later books all comprise the welfare System of Indian Medicine and for that reason and to that extent they need not necessarilly be wholly scientific and there is no harm if they were wholly emperical, being majorly meant for the masses and for the Junior Practices in the Amantraka Rural Medical Relief Work.

The other The Value System again consists of two parts one The *Sanathana* System of Indian Medicine and the other The *Swaayambhuva* System of Indian Medicine. The former, the *Sanathana* or the Traditional System of Indian Medicine comprises of the *Rig*, the *Yazus* and the *Saama Vedas* commonly called the *Veda Traya* or *Nigama Veda*. *Nigama* one way means the old system and the other way *Pattana* or the Urban System of Medicine. The other is the *Swayambhuvam* as was significantly attributed to *Swambhu Brahma* the Creator, in contrast to the previous three *Vedas*, which have nothing actually with *Brahma* the *Swayambhoo*; and they were promulgated by other Lords namely *Rig Veda* by Lord *Agni*, *Yazur Veda* by Lord *Vaayu* and *Saama Veda* by Lord *Aaditras*. Again, *Rig Veda* literally means *Roga Veda* or the Science of *Roga* the Disease. *Yazur Veda* in its turn means the Science of *Yazus* or Therapeutics and Medicine. *Saama Veda* is only an extension of *Rig Veda* and evidently means *Sa-Asma* or implications of *Aama* the Disease or what we might call Pathology. *Swayambhuva* or *Brahma Veda* is the other name of the *Aagama Veda* literally meaning the New or the Later *Veda*; and it comprises of two parts, one The *Angirasa* or the Science of *Anga Rasa* or the Chemistry of the Body or Bio-Chemistry ; and the other *Atharva Veda* or *Bheshaja Veda* or the Science of Theraputics and Treatment. Vide *Gopatha Brahmana*. 3—4

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Shruti Text C. B. 3—4

श्रुति :

एतद्वै भूयिष्ठं ब्रह्म । यद् भृग्वंगिरसः । येऽङ्गिरसः स रसः ।

येऽथर्वाणः तद् भेषजम् । यद् भेषजम् तदमृतम् । यदमृतं तद् ब्रह्म ।

इति । गो० ब्रा० २-४

एवं सार भूत ब्रह्मात्मकत्वात् ब्रह्म कर्तव्य प्रतिपादनात् च अयं ब्रह्म वेद

इत्यपि आख्यायते ॥ इति । सायन भाष्य भूमिका

These Two Systems are Scientific and do not fall short of anything as we shall presently see. Reasonably therefore we have to search in these two systems for what all we find missing in the *Amantraka* Text.

Vedic Names of Malaria.

In the *Nigama Veda* Malaria was called "*SHEETA JWARA*" in *Rig Veda*. In *Yazur Veda* it was called "*SHEETA RHURU*" or the Fever with a *Shesta* or Chill and a *Rhuru* or Rigor, corresponding to the old name *AGUE*. It was also called "*SANTATA JWARA*" or a Continued Fever. Also "*VELA JWARA*" or Periodical Fever and so on.

In the *Aagama Veda* it was called "*TAKMA*" litterally meaning a *Kruchra Jeevvna Kaarini* Fever, i. e. A Fever which inflicts the man and makes life miserable and shortened. All the forms of Periodicity were recorded in this *Veda* like '*EEKAAHIKA*' the Quotedian, "*UBHAYADU*" or Double Quotedian, '*ANYEDUE*' or Tertain or Alternate Day Fever. "*TRUTEEKA*" or Tertain Third Day Fever, and "*VITRUTEEKA*" or "*CHATURDHIKA*" or the Quartan Fourth Day Fever. *Vitruteeka* is also interpreted as The Malignent Fever as contrasted with the simple *Truteeka* or the Benign Tertian Fever. Vide Tezt.

Shruti Text Yazurveda 2-5-2-3 Regarding Sheeta Rhruru. Page 1782.

श्रुति :

तावब्रूतामयि संदष्टौ वै स्वो नशन्कुव एतुमिति स इन्द्र आत्मनः शीत रुरा

वजनयत् । तत् शीत रुरयोर्जन्म ।

य एवं शीत रुरयोर्जन्म वेद नैनं शीत रुरौ हतः ।

ताभ्यामेन मभ्यनयत् । तस्मात् जंजभ्यमानात् अग्नी षोमौ निरक्रामताम् ॥

इति ॥ य० वे० २-५-२-३

Shruti Text Atharva Veda 1-5-4. Regarding Takma Varieties. Page 327.

श्रुति :

नमः शीताय तक्मने । नमो रुराय शोचिषे कृणोमि ।

यो अन्येद्युः उभयद्युः अभ्येति तृतीकाय वितृतीकाय नमोऽस्तु तक्मने ॥

इति । अ० वे० १-५-४

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The earliest conception of Malaria was that it was a fever of the Marsh and was attributed to bad water and its injestion ; and that it primarily starts with gastric irritation and upsets ; as expressed by the *Shruti* "*Yat Aapah Aguih Adahat.*" vide *Shruti Rig Veda.*

Rig Veda Shruti Text Regarding the Swamp Water Theory. Page 3 :2

श्रुति :

यदग्निः आपो अदहत् प्रविश्य यत्राकृण्वन् धर्मधृतो नमांसि ।
तत्र त आहुः परमम् जनित्रम् । स नः संविद्वान् परि वृङ्ग्धि तक्मन् ॥

इति । ऋ० वे०

Later, the theory of Mosquito Bite was developed on the discovery by Lord Indra himself. Thus the aetiology of Malaria was shifted from the Swamp Water to the Swamp Mosquito "*Twaahtra*". Later as the result of sustained Research by *Vishnu* and *Kashyapa* the *Vedic* Bacteriologist, out of the numerous varieties of Mosquitoes only one particular Variety called "*VRITRA*" was indentified as the Malaria carrier and all other types were exhonerated. Vide Text.

Yazurveda Text 2-5-2-3 & 4. Regarding Mosquito Bite.

श्रुति :—

तावब्रूतामभि संदष्टौ वै स्वो नशन्कुव एतमिति स इन्द्र आत्मनः शीत रुरा
वजनयत । तत् शीत रुरयोः जन्म ।
य एवं शीत रुरयोः जन्म वेद न एनं शीत रुरौहतः ।
ताभ्यां एजं अभ्यनयत् तस्मात् जज्जभ्यमानान् अग्नी षोमौ निरक्रामताम् ॥

इति । य० वे० २-५-३-४

At that time, it was suggested that in order to escape Malarial infection, people should avoid the mosquito bite by any means. As a means, Fumigatiou with *Mashak Naashana Dhoopa* on one side and on the other sleeping under curtains were suggested and adopted. As a result of further Resarch it was ascertained that the Parasite is elaborated In the body of the Mosquito and inocculated in the blood stream of the victim, man or animal, through the sting from time to time. Thus the circle of Infection, first the infected blood was sucked by the *Vritra* and the parasites get elaborated in the body of the Mosquito and later after they mature they are again transferred to the same man or other man through the next sting. From the cyclic definiteness of this circle of parasitic development and the revolution of the transference, the particular Mosquito which carries the infection is named "*VRUTRA*".

As the next step it was decided to device effective methods one way to effect quick and extensive destruction of the Mosquito particularly the Cyclic Mosquito "*Vritra*" and the other way to increase the individual resistance of all people. Certain Methods

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and Measures were standardised with the names 1. "*Varthraghna*" the Measures for destruction of Cyclic Mosquito and 2. "*Vrudhanvati*" the measures for acquiring specific Immunity against the Malaria Infection, mosqutio of no mosquito.

Shruti Text Regarding the Cyclic of Paroxysms. *Yazur Veda* 2-5-2-4

श्रुति :—

प्राणापानौ वा एनंतदजहितां । प्राणो वै दक्षः । अपानः क्रतुः ।
तस्मात् जञ्जभ्यमानः ब्रूयान्मयि दक्षक्रतू इति ।
प्राणापानावेव आत्मन् धत्त । सर्वमायुरेति ॥

इति । य० वे० २-६-२-४

Here, the process of Sucking up the Parasite is called "*Praana*" or "*Daksha*" and the process of inoculation of the matured parasite is called "*Apaana*" or "*Kratu*" and the Cycle is called "*Daksha Kratu*" the shortened names of "*Damshtra Kratu*" literally meaning the Cycle of Biting or Stinging for Dansha or sucking and Stinging again for delivery of the matured parasite back to the man or *Karatu* ; both together called *Daksha Kratu*".

It was conceived that without this priliminary necessary process of *Vritra* Cycle the Fever Paroxysma "*Janjabha*" do not occur.

Yazurvedic Shruti Text Regarding VRUTRASYA VRUTWATWA 2-5-2-1.

श्रुति :—

सइषुमात्र मिषुमात्रं विष्वङ् वर्यत । स इमान् लौकान् आवृणोत् ।
तदिमान् लोकानावृणोत् तद् वृत्रस्य वृत्रत्वम् । तस्मात् इन्द्री अविभेत् ॥

इति । य० वे० २-५-२-१

Again it was well recognised that Malaria is Seasonal and Periodical Fever and therefore the Antimalarial Measures also must be correspondingly Periodical. Accordingly it was ordained that *Vartraghna* and *Vrudhanvati* Measures should be carried on in alternation *Varthragna* in the Bright Fortnight beginning with *Poornima* the Full Moon day, and the *Vrudhanvati* Measures in the Dark Fortnight beginning with *Amavaasya* the New moon Day, during the four months "*Vishwa Sharada*" Winter and Autumn, for the control of *Vishwa Sharada Takma* the Aestivo Autumnal Malaria and for the the four months "*Vishwa Grecshma*" *Viswa Greeshma* the Spring Summer season. Vide Text. Y. V. 2-5-2-5. P. 1873.

Shruti Text Yazurveda 2-5-2-5. Regarding Alternation of Vrudhanvati

श्रुति :—

स देवता वृत्रान्निर्हूय वार्त्रघ्नँ हविः पूर्णमासे निरुप्त् ।
घ्नन्ति वा एनं पूर्णमास आप्यावास्यायाम् प्याययन्ति ।

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तस्मात् वार्त्रघ्नी पूर्णमासे अनूच्येते । वृधन्वती अमावास्यायाम् ॥
इति । य० वे० २-५-२-५

As a result of further observation and research it was found that destruction of Mosquito is by itself not sufficient; as whether the mosquito is dead or living after the first inocculation sting for the reason that the hungry mosquito seldom rests on the wall or ceiling before attacking the person and sucking his blood to its heart's content. It is immaterial whether the mosquito is living or dead after the sting; in as much as one single sting is enough to infect the man. Progressively, therefore, due to the daily stings the man's blood is unquestionably vitiated and his vitality progressively undermined. In spite of, and better in addition to, the Mosquito Destruction, the victimised men must be given compulsory treatment for restoring the lost vitality and likewise the uninfected men given prophylactic treatment to increase their individual immunity against infection. Please vide Text.

Shruti Text. Yazur Veda 2-5-2-6. **Reg Recuperation & Immunity** Page 1784.

श्रुति :—

तेदेवा वृत्रंहत्वा अग्नीषोमा वब्रुवन् हव्यं नोवहतमिति ।
तावब्रूतां अपतेजसौ वै त्यौ वृत्ते वै त्ययोः तेज इति ।
ते अब्रुवन् क इमञ्छिच्छैतेति । गौ रित्यब्रुवन् गौर्वाव सर्वस्य मित्रमिति ।
तत् गौः आहरत् । तस्मात् गवि सहोभयेन भुञ्जत ।
एतद्वा अग्ने स्तेजः यत् घृतम् । एतत् सोमस्य यत् पयः ।
य एवमग्नी षोमयोः तेजो वेद तेजस्यैव भवति ॥
इति । य० वे० २-५-२-६

Thus both *Varthraghni* and *Vrudhanvati* measures were made compulsory for eradication of malaria. They are carried in two stages the First and the Second Stages. The First relates to *Agni* and *Havis* is effected one way by Fumigation and the other way *Soumya Kshyepa* or Liquid Spray with lotions and oils in which certain mosquitocidal salts are dissolved. Certain Hydroxides obtained by the burning of certain vegitables and minerals are collected and dissolved in water and oil and used for spraying with or without the addition of Calcium Hydroxide. Therefor "*Agnih Vrutraani Janghanat*" or Fumigation Method and "*Twam Somaasi Sat Pathih*" Hydroxide and Calcium Spray were the two methods devised and employed for securing Mosquito Destruction.

Similarly, there were two methods of *Vrudhanvati*. They were One "*Agnih Pratyena Manmana*" or "*Agnih Pratyena Nanmana*" the "*Aagneyee Vrudhanvati;* and 2. "*Somageer Bhishtwaa Vayam*" or *Sowmya Dwiteeya Vrudhanvati*. They relate as, the First to secure the destruction of the Parasite in the Blood, or in the alternative to make it asexual by inhibiting its Sex Activity and thereby inhi-

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biting its Sproe Formation and multiplication of the species in the humans body; and the other to Elimination of the Virus and the bye-products and making the blood and tissue unsuitable for the growth and fertilisation of the parasite, and thereby destroying the new parasite through inanition and isolation. Vide Text.

Yazurveda Sankarshana Kaarika. 2-5-2-6. Shruti Text:

श्रुति :—

"अग्निः वृत्राणि जङ्घनत्" इत्याग्नेयी प्रथमा वार्त्रघ्नी ।

"त्वं सोमासि तत्पतिः" इति सौम्या द्वितीया वार्त्रघ्नी ।

"अग्नी प्रत्येन मन्मना (जन्मना)" इत्याग्नेयी प्रथमा वृधन्वती ।

"सोम गीर्भिष्ट्वा वयम्" इति सोम्या द्वितीया वृधन्वती ॥

इति । ब्रा० का०

Malaria Sequllae and Complications

As mentioned above, Malaria first of all reduces the individual's vitality, by primarily acting upon his *Teja* the Sensory Nervous System and *Oja* the Motor Nervous system. The immediate effect of this involvement appears upon the Reproductive system. The first effect is sex irritation and the next its inhibition. Further, it was also adduced that some of the *Varthraghni* Fumes and likewise the later sprays act as sex irritants, particularly of the "*Daksha*" type on the theory "*Daakhaayana Yagnyene Suvarga Kaamah Yajete.*" Vide Text.

Shruti Text. Yaxurveda 2-5-6-4. Regarding Nirindriaytwa. P. 1835

श्रुत :—

नामावास्यायां च पौर्णमास्यां च स्त्रिय मुपेयात् निरिन्द्रियस्यात् ॥

इति । य० वे० २-५-६-४

Therefore, persons infected or suspected as infected by Malaria, and especially during the seasons when *Varthraghni* and *Vrudhanvati* measures are in operation, are asked to observe "*Vrata*" for not only absolute celibacy, but to very strict rigimen of diet and conduct with women. They are asked to avoid scrupulously 1. Telling lies 2. Mutton, Egg and Fish and other Non-vegitarian diet. 3. Intercourse with women either carnal or social and 4 company with women on the same bed or mattress.

Vide Shruti Text Regarding Compulsory Celibacy. Yaz Veda 2-5-5-6 Page 1820

श्रुति :—

तस्य एतद्व्रतम् । नानृतं वदेत् । न मांसमशीयात् । न स्त्रियमुपेयात् ।
न अस्य पल्पूलनेन वासः । पल्पूलयेयुः एतद्धि देवताः सर्वं न कुर्वन्ति ॥

इति । य० वे० २-५-५-६

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Apart from the danger of man becoming Importent or *Nirindria* and woman becoming *Vasha* or barren, there is also the contingency of persons becoming *Paapee* or Toximic in some unknown way and Succeptible to other infections and wasting diseases. Vide Text.

Shruti Text. Yaz Veda 2-5-5-6. Regarding Paapma Page 1820

श्रुति :—

साक्षाद्वा एषदेवा नभ्यारोहति । यं एषां यज्ञं अभ्यारोहति ।

यत् अवडि यति पापीयान् भवति ॥

इति । य० वे० २-५-३-६

Again, there is the possibility of certain people due to the deviations and faults in the discipline of the *Vrata* and other conduct regarding other coexisting conditions, becoming liable to develop some sort of *Non Specific Toximia* or some sort of *Non Specific Sensitisation* and Allergy to even common articles of diet and apparel called in vedic language "*Kshurapavi*" literally meaning Sharpness like that of *Kshuri* the Razor, or technically. Hypersensitisation. Vide. Text.

Shruti Text. Yaz Veda 2-5-5-5 Reg KSHURAPAVEE Page 1820

श्रुति :—

यदि नाव विध्यति सदङ् व्याबृत्काम ।

एतेन यज्ञे न यजेत क्षुरपविः ह्येष यज्ञः ताजक् पुण्यो वा भवति । प्रवामीयते ।

इति । य० वे० २-५-५-६

The Period of these Toximic and hypsensitised states are said according to one method of calculation to last only two Months during the *Darsha Poornimasa Vaathraghna* and *Vrudhanvati* Operations ; and according to another method of conception to one year of twelve months. Vide Text.

Shruti Text. Sankarshana Kaarika Page 11817. **Regarding Two Darshas.**

श्रुति :—

द्वे पौर्णमास्यौ द्वे अमावास्ये यजेत यः

कामयेतर्ध्नुयामित्युक्त्वा आहैकामेन यजेत ॥

इति । ब्रा० का०

Shruti Text. Yazurveda 2-5-5-3. Page 11817. **Regarding Pagalpha.**

श्रुति :—

न द्वे यजेत यत् पूर्वया संप्रति यजेतोत्तरया छंबत् कुर्यात् ।

उत्तरया संप्रति यजेत पूर्वया छंबत् कुर्यात् । नेष्टिर्भवति ।

न यज्ञः तदनुब्रूत मुख्य पगल्भो जायते । एकामेव यजेत प्रगल्भो अस्य जायते ॥

इति । य० वे० २-५-५-३

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Here it was suggested that for persons who violate the rule of two months celibacy during the season when the *Va ≈ rthrayhna* and *Vrudhanvatee* measures are in operation, there is the Possibility of the individual becoming a "*Prayalbha*" or *Nympho Phobiac* and earn a Stage Fear and inability to move and speak and much less so to address an assembly in publlc. The mental hesitancy and nervousness is an attribute of Sex Impotence, either organic or false, usually false in a majority of cases.

On the other hand, during the time of the initial sex irritation if the individual indulges with women either socially, or carnally there is always the possibility of his becoming susceptible to Tuberculosis. This contingency is certain in case the woman is in menses or impure through some venereal and the man will become straight away a *Kshaya Rogi* with a run for the galloping type of Consumption with a very early termination. Vide Text.

Shruti Text Yazurveda 2-5-6-4 & 5. Page 1827.

श्रुति :—

सोमस्य वै राज्ञः । अर्थमासस्य रात्रयः पत्नय आंसन् ।
तासाममावास्यां च पौर्णमासी च नोपैत्ते न एनं अभि समनः एतां तं यक्ष्म आर्छत् ·
राजानं यक्ष्म आरदिति । तत् राज यक्ष्मस्य जन्म ।
यत् पापीयान् अभवत् तत् पाप यक्ष्मस्य । यज्जायाभ्यां अविन्दत् तत् जायेन्यस्य
यएवमेतेषां यक्ष्माणां जन्म वेद नैनमेते यक्ष्मा विन्दन्ति ।
स एते एव नमस्यन् उपाधावत्ते अब्रूतां वरं वृणावहा ॥

इति । य० वे० २-५-६-४-५

Here in this context, incidentally, three types or stages of *Yakshma* or Tuberculosis are enumerated, as 1. *Paapa Yakshma*, 2. *Raaja Yakshma* and 3. *Jaayaanya Yakshma*, whose details must interest the reader and the Malariologist as well.

Paapa Yakshma is the simple Toximic state in which no specific symptom of the disease manifest and the specific tests are also doubtful and the only signs are the progressive and otherwise unaccountable loss of weight and loss of energy and good looks. In modern medicine this is called the First Stage of the Closed Type of Non-Specified Tuberculosis with doubtful diognosis and is kept in the waiting list for the Label.

Raaja Yakshma is the second stage of the disease with an open picture and cavity formation of Pulmonary Tuberculosis, demanding specific treatment and perhaps agregation also with a patent Label. *Yakshma* is defined as 1. "*Yaksaat sam jaajyatu rogah iti yakshma*" the Pulmonary Tuberculosis arising directly from *Yaksha* the Tubercular Bacilus. and 2. "*Yakshinee sam jaayato roga iti yakshma*" or General Tuberculosis a Wasting or Defficiency Disease arising from excessive sexual indulgence with an Amorous Woman. *Raaja Yakshma* literally means the King of *Yakshmas*

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or wasting diseases ; and by implication the Particular Type of *Yakshma* which visited *Raja Soma* as the result of sexual indulgence with a *Rajaswala* or Menstruating woman.

Jaayaanya Yakshma is significant by the name itself like the second and denotes the special type of *Yakshma* which is contracted through sexual indulgence or even contact with a Public woman who is impure with a Venereal and additionally in her menses. While the second is a double infection of Tuberculosis and Menses Fungoids, this is a Tripple Infection with 1. Tuberculosis, 2. Venereals and 3. Menses Fungoids. This type is not merely an open type of Tuberculosis, but a deliberate Galloping Consumption with a precipitous course and unfavourable end within six months from the time of its onset ; and therefore deserves compulsory segregation and hospital treatment.

These three types may fit in well with the modern classification of Tuberculosis as 1. The Closed Type of Ambulent or suspected Tuberculosis 2. the Open Type of Specific Pulmonery Tuberculosis with or without cavity formation and 3. the Deliberate Type of Millinery and Infectious Tuberculosis, also called Galloping Consumption.

Presumably,a majority of these early cases have their bases in Malaria and could have been happily saved the fata- culmination, if only this fact of Malaria in the Back Ground was well kept in view and specific antimalarial and recuperative treatment was timely instituted and carried out. It is also possible that the high temperature cases in the Hospitals are partly Malaria and must therefore be given compulsory antimalarial auxiliary treatment also.

Role of Sura or Alcohol in Malaria ann Darsha Poornimasa Havis.

There seems to be no distinction between *Suras* or *Devas* the Addicts and *Asuras* the Prohibitionists in the matter of service and eligibility to *Varthraghna* and *Vrudhanvati* Antimalarial Measures. The *Asuras* appear to have fared equally well and perhaps better except for the poor rations and incompetence to procure costly nourishment like *Ghruta* or Ghee, *Ameeksha* or Cream and Milk or Pius and other necessities for recuperatory diets. Vide. Text.

Shruti Text Yazurveda 2-5-4-2. Page 1805.

श्रुति :—

देवा वै यद्यज्ञं अकुर्वत तदसुरा अकुर्वत ।

तेदेवा एतामिष्टिमपश्यन् वैष्णवमेकादशकपालँ

सरस्वत्यै चरुं तां पौर्णमास्यँ संक्थाप्य अनु निर्वपन्तः ॥ इति ।

Compulsory release of nutrition and food articles to the Prohibitionists was lawfully enforced to remove the unrest and growing discontent and to prevent violence.

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Vide Text Yazurveda 2-5-4-3. Page 1806.

श्रुति :—

पौर्णमासी मेव यजेत श्रातृव्यवान् ।
अमावास्याँ हत्वा श्रातृव्यं ना प्याययन्ति ॥

इति । य० वे० २-५-४-३

So far, the reader is shown how highly rationalistic the Aetiology and diagnosis of Malaria was treated in Indian Medicine and likewise the correspondingly high rational of the methods and their completeness and soundness in the matter of destruction of the Mosquito for the control of the expansion of the disease and for the acquisition of perdonal immunity among the population. In the matter of Sequelle and complications extraordinary light was thrown upon the possibility of Malaria being the basis of a large per cent of major scourges, especially Tuberculosis. From what was shown above, it is clear that modern medicine has not gone one inch beyond the Indian Medicine and what the Mosquito Malaria theory was originally an Indian Discovery and at its best it is only a happy rediscovery by Ross or possibly an adoptation of the Indian Medicine without an acknowledgement.

We shall now take up the matter of Treatment and show that there also, Indian Medicine went far beyond what was presently accomplished by the Modern Medicine ; and that centuries behind the present, Quinine was known to Indian Medicine and it was condemned and given up as more injurious than the Malaria itself and a better Organo-Metalic complex medicine was discovered with uniform and universal effect and absolute freedom from the whole of defficiencies and evil effects of Quinine at that time; and even now the World must reasonably and even profitably adopt it in general practice. When the Allopath has to bend down and pay homage to Quinine without feeling retrigrad, why not he bend down a little more and pick up the Indian Medicine Recepe with greater latitude if not gratitude and save the humanity instead of indulging in the Foul Profiteering and subjecting the Credulous Humanity to the tortures of Economic Domination in Medicine and Food supply.

We now challenge the Stern Allopath to critically examine this piece of Indian Medicine dispassionately and point out its defects and drawbacks and gracefully improvise the shortcommings if any. Let us all grow wise and know the right and march onward then with all our might to save the humanity from disease and raise the country to self sufficiencies in Malariology to begin with.

We once more mention with emphasis that this piece of Indian Medicine has not only High Scientific Value but absolute fitneess for Welfare Relief, being cheap, harmless, effective, and additionally Native ; and can be produced on rational scale without any foreign aid.

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Takma Bheshaja or Indian Medicinal Treatment of Malaria

Recalling that *Takma* was considered as an Exotic Disease, inpreted from the *Bahlic* along with the Timber Merchants in the service of *Twasta Prajapathi* the Building Engineer and Architect of the Vedic Theocratic Government; it was also considered best that the *Bahlic* Treatment was adopted for the disease. But, the local land ratings reacted rather badly and even dangerously, indicating some sort of idiocyncracy for the *bahlik Twak* Treatment (Cinchona Bark Treatment), coloquially called *Bahlic Twak* or Perulvian Bark Treatment, "पर्ण वल्क" in *Shruti*.

Later, it was suggested that the *Bahlik* Tree be planted and cultured in India with the idea that the native plant will be more agreable to the native land and ratings and the possibillity of death of the bark be prevented in case of war between the *Devas* the Continentals and the *Asuras* the *Islanders* which was always imminent between the two varient Religious Sections of the ancient Oriental Races. Still, the cinchona bark, even though it was taken from the Indian Trees, was not free from the whole of the evil effects and was additionally different in the alkaloidal strength compared with that of the imported bark.

This necessiated intensive research in the local Anti-Pyeretics and Anti-Periodics, including the *Pancha Tiktas*, *Pancha Bilwas*, and the imported and acclamatised *Kiraatha Tikta* the renouned Afgan Unani Anti-Periodic. Vide Text.

Shruti Text Yazurveda 2-5-3-1. Regarding Vai Mrudha or Quinine Idiocyncracy.

श्रुति :—

यत् पूतीकैर्वा पर्णकल्कैर्वा अ ातञ्चात् सौम्यम् ।
तत् यत्क्वलैः राक्षसं । तत् यत्तण्डुलैः वैश्वदेवम् ।
तद्यदातञ्चनेन मानुषम् । तद्यछृना तत्सेन्द्रम् । दध्ना आतनक्ति सेन्द्रत्वाय ॥
इति । य० वे० २-५-३-१

Here *Mrudha* means *Apahatah* or bad reaction due to idiocyncracy. This stimulated research for meeting Idiocyncracy and the evil reactions and some measures were devised to prepare the patients previously for Quinine Treatment, just in the same way as we now prepare them for the modern Salvarsan Treatment, in ordinary cases for one day and in other for one fortnight.

Vide Shruti Text. Yazurveda 2-5-3-1.

श्रुति :—

इन्द्रं वृत्रं जघ्नियाँ स मृधोऽभि प्रावेपन्त स एतं वैमृधम् ।
पूर्णमासे अनु निर्वाप्य मपश्यत्तं निरवपत् । तेन वै समृधो अपहत ॥
यद्वै मृध पूर्णमासे अनु निरुपत्यो भवति । मृध एवतेन यजमानो अपहते ॥
इति । य० वे० २-५-३-१

The Idiocyncracies were noticed even with some of the local substitutes like the "*Pooteeka*" 2. "*Parana Valka*" and 3. "*Kwala*".

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In some cases the idiocycracies yielded to the employment of suitable vehicles and in others the reactions were deliberate and alarmingly dangerous. Here the reactions were classified according to the caste habits and profession of the patients. There was also difference in the reactions between the Addicts and the Prohibitionists and Teetotalers. Vide Text.

Shruti Text Yazurveda 2-5-3-2. Regarding Caste Differences in reactione.

श्रुति :—

यत् पूतीकैर्वा पर्णवल्कैर्वा आतञ्चात् सौम्यम्। तद्यत्क्वलैः राक्षसम्।
तद्यक्षण्डुलैः वैश्वदेवम्। तद्यदातञ्चनानेन मानुषम् तद्यद्दध्ना तत्सेन्द्रम्।
दध्ना आतनक्ति सेन्द्रत्वाय ॥ इति।

श्रुति :—

अनाहत्य तत् श्रुतस्यैव पूर्वस्थावद्येत् इन्द्रियमेवास्मिन्।
वीर्यं श्रित्वा दध्नोपरिष्टात् धिनोति यथा पूर्वमुपैति ॥ इति।

In the end it was decided that in all cases of Malarial Fevers, all the barks should be given in Acid Bases and out of the acids, like *Vrukshamla* or *Tamarinda*, *Badarika Aamla* or *Jujubi*, and *Jambeera* or Lemon and *Aathanchana* or Acid Buttermilk, the last *Aathanchana* was the best for humans and should be compulsorily be given in all cases not merely as a vehicle but as food and beverage also. For the *Brahmans* of the class of *Bhruhaspathi Payas* or Milk and *Jambeera Aamla*, and in the case of *Kshatriyas* like *Indra Chandra* and *Varuna* demonimations, *Dadhyamla* or acid Curds were preferred.

Vide Yazurveda 2-5-3-4. Dadhna Dadhitwan.

श्रुति :—

समनैषुः प्रत्यधुक्षन् शृतमक्रन् नतु माधिनोति।
इत्यब्रवीत् एतदस्मै दधि कुरुते त्यब्रवीत्।
तदस्मै दध्यकुर्वन् तदेनमधिनोति। तत् दध्नो दधित्वम् ॥
इति। य० वे० २-५-३-४

Later, the bark treatments and alkaloidal treatments were totally discarded and Organo Metalic Complex Treatments were experimented with various metals and vegetable drugs like Arsenic Mercury, Antimony, Kosht. and *Takmari Rasa* was designed for universal use and uniform effect.

सूत्र :—

तुत्थद्वयं टंकण तालकं च नीलाञ्जनं सूतबलिं विषं च।
द्वयं च पाषाण रसाञ्जनं च कासीसकं कुष्ठ शिलायुतं च।
निर्गुण्डिका पत्ररसै स्त्रिमर्दितं च पुठितंस्तथा कुक्कुट गात्रितं च।
अमोघकं भवेद्यदि तक्ममारं वल्लद्वयं शर्करथा रनोदेत्सहरकवारि।
इक्षुस्तथा द्राक्षद्वीप फलोदकेन एकाहिकं द्वयाहिक मिश्र चातुर्थिकं च।
अष्टाविधैञ्च विषमशीत रुरु ज्वरं च निः सार्यते शृणु प्लीहोदरं च ॥

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After perfecting *Takmari Rasa* in the most stable organo-metalic complex compound form, radicalisation of antimalarial treatments by progressive laboratory and clinical tests, *Takmari* Antimalarial Treatment was officialised. Vide Shruti Text.

Shruti Atharva Veda 1-3-4-4.

श्रुति :—

नमः शीताय तक्मने । नमो रुराय शोचिषे कृणोमि ।
यो अन्येद्युः उभयद्युः अभ्येति तृतीकाय वितृतीकाय नमोस्तु तक्मने ॥
इति अ० वे० १-३-४-४

Comming to the matter of texts, the more disappearence of the parasites from the blood stream war by no means conclusive proof of the cure and a guarrantee against relapse, as spontanious disappearence of the parasites from the blood commonly occurs when they retire for rest in the lung tissue and other remote parts during their a sexual periods or their engagement in Cyst Formation in the Spleen and the liver. The fountain sourse of cycles of the parasites arises primarily from the Cyst Forms in the Spleen and the Tissue Forms in the Liver. Therefore unless untill the whole of the Cyst Forms in the Spleen and the Tissu Form are completely resolved and eliminated, the possibility of the relapse is always there and the cure is by no means radical.

Shruti Text Atharva Veda 3-4-2. Regarding Sakala and Hroodu. Spores.

श्रुति :—

यद्यचिंदि वासि शोचिः शकल्येषि यदि वाते जनित्रम् ।
ह्रूडु र्नामासि हरितस्य देव सनः संविद्वान् परिवृङ्धि तक्मन् ॥
इति अ० वे० १-३-४-२

In this *Shruti* is described the state of the Parasite's Sexual Activity which in the germs is called "*Archi*" corresponding to the *Rruta* or Rut in the animals. The Parasites get into Sexual Activity in their own time and stay like that for some days and that condition of Sex Period is called "*Vaashi*" and get into pregnency after completing which they begin to "*Shochi*" or deliver and discharge long chains of "*Shakala*" or young parasites in the shape of modern Spores. Because of the coincidence of the Paroxysms with the Sexual Activity and Sporifiction it was believed that the Parasites have two definite states one of Sexual Inactivity. In the former state they produce the Fever and its paroxysms and in the later state of inactivity the parasite is dormated and there will be no fever and its symptoms or paroxyms and the man will have normal health.

Stoppage of the fever is therefore no indication of a cure, as on the other hand it may amount to chronicity of the fever due to the parasites during their sexual state being engaged on the process of building up cysts in the Spleen leading to the enlargement of the Organ, or creating Tissue Forms in the Liver, to perpetuate the fruitful and perinial spurses of the periodical paroxysms and exacerations of the Malarial Fever. These Forms

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are called "*Hroodoo*" and among them the Liver Forms are called "*Harita Hroodoo*" from their white colour.

Again, the Fevers are conceived to differ in their periodicity due to the number of Flagello developed on their bodies, the Quotedian and the double Quotedian Fevers arising from the Parasites which develope only one Flagella or what might be called Mono-Flagellated Parasites. The Benign Tertain alternate day fever is adduced to arise from the Parasite whieh develops two Flagella or the Bi-Flagellated Parasite and the *Truteeyaka* and *Vitruteeyaka* or the Quartan Fever in its turn is adduced to its origin from the Tri-Flagellated Parasite which develops three Flagella on its body. Even in modern medicine it is recognised that different fevers with different periodicity are produced by different types of parasites, supporting the ancient Vedic theory. Vide Shruti. Atharva Veda Text.

Shruti Text Atharva Veda. Regarding number of Flagella.

श्रुति :--

त्रिशीर्षाणं त्रिककुदं सारङ्गमर्जुनम् ।
श्रृणोम्यधि पृष्टीरपि परमं जनित्रम् ॥

The Indian Medico insisted upon the disappearance of the parasites form blood as a results of specific treatment in any acute fever in evidence of its control ; and in the case of Chronic fevers the resolution of the enlarged spleen and additonally the disappearance of the Tissue Forms from the liver. Here in the *Shruti* it was clear that in every other case the claims of control and eradication of malaria from any individual cannot be sustained and the treatment is no more than licensed quackery, without reference to the qualification and standing of the Physician who claim it. vide Text Atharva Veda 1-5-4-3.

Shruti Text Atharva Veda 1-5-4-3 Regarding Blood Tests for Tissue Forms

श्रुति :—

यदि शोको यदि वा अशिशीको यदि वा राज्ञो वरुणस्यासि पुत्रः ।
ह्रुडु र्नामासित हरितस्य देव स नः संविद्वान् परिवृङ्धि तक्मन् ॥

इति अ० वे० १-२-४-३

Thus, it was shown above that uncontestably Indian Medicine is perfectly scientific and does not fall short of the modern technic and modern acumen also. Perhaps it is only just recently that the Tissue Forms in the Liver have been thought of and looked for by the most concencious workers in modern medicine. It is for the authors of Mepacrin and Paludrin to prove the antiplasmodial properties of their drugs in the terms of Tissues Forms in the Liver and the resolution of the enlarged spleen as a matter of course.

(*To be continued*)

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All-India Ayurvedic Congress News

PRESIDENTIAL ADDRESS

delivered by

VAIDYA RATNA PANDIT SHIV SHARMA

Ayurvedacharya, Ayurveda Brihaspati (D. Sc. A.)

at a

SPECIAL SESSION, GHAZIABAD-DELHI.

(*Continued from last issue*)

The Question of Interpretation

"If the silk band which holds the pyjamas in positions, instead of being viewed in its own setting, was "interpreted" as representing the buttons on the trousers, it could provoke a diversity of interpretation that it representated the belt. Then a more enterprising interpreter with a richer imagination would venture the view that it could be a special adaptation of the braces turned horizontal, or that it was merely the side buckles turned into a string as the metal was needed for production of armaments. Yet, in its own place the band is not only a simple, intelligible, convenient and incontrovertible entity, but perhaps a more servicable article of use than all the buttons, belts, braces and buckles put together. And still, this innocent and peaceful article of high utility could be turned into an apple of discord by experts, interpreters and research scholars.

"Ayurveda has suffered much at the hands of such experts, interpreters and research scholars. When an Ayurvedic physician discusses *vatic* fevers, *vatic* diarrhoea, *vatic* cough, *vatic* dysentery, *vatic* asthma or *vatic* piles ; or *paittic* fevers, etc., with another Ayurvedic physician, there is a perfectly clear understanding of the issues between two ; and why only two? Amongst hundreds of them. But start translating *pitta* as bile, 'body heat,' 'metabolism, or thermogenesis.,' and the controversy of the buttons and belts and braces begins.

"Let us look at some simpler *doshic* situations straight from the shoulder, without wading through allopathic terminology to reach them.

"A person takes five grains of quinine and experiences 'cinchonism' (say, giddiness, ringing in the ears. loss of appetite etc.). Another takes a dose of 30 grains of quinine and feels none the worse for it. A million Ayurvedic physicians shall give the same explanation—the former individual has *vatic* constitution and therefore reacts adversely to a *vatic* drug, quinine. He shall react adversely to all *vatic* elements, drugs, (quinine, *dhatura*, *nimba*, etc.), diets (prolonged use of fat free dry foods, jowar, gram, etc.), practices (fasting, over exercise, etc.), and emotions (fear, sorrow, desire, etc.). The *doshic*

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approach to cinchonism is the use of anti-*vatic* drugs, diets and practices and emotions, cooling *sherbats*, ghee and milk rest and massage, joy and tranquility, etc. But these later practices will be harmful to the *shleshma-prakriti*; they shall make him phlegmatic, heavy and lethargic.

"Take another example. An apparently healthy person is prone to get malaria on the first infecting mosquito bite. A comparatively less healthy looking person gets the same infection several times over, but resists it successfully All Ayurvedic physicians without any "diversity of opinion" shall be agreed that the former individual has a '*Paittic*' temperament and is therefore, a ready prey to a disease which is '*paittic*' in nature. The latter resists the infection as his soil is anti-*paittic* and the malarial parasite, carrying a *paittic* disease cannot multiply happily in that soil. It does not mean that the Ayurveda does not recognise the existence of germs or that it does not make use of bactericidal drugs; but the main approach in Ayurveda is predominantly *doshic* or soil converting. Thus. infusions of anti *paittic* drugs like *nimba*, *drona-pushpi*, *parpataka*, etc., etc., prevent and cure malaria by soil conversion rather than by germ-killing.

"This brings us to the third question. Are the modern explanations of these phenomena more scientific?

"In the first example given above, the *vata prakriti* individual is said to be "allergic" or "anaphylactic" to quinine. The non-*vatic* one is said to possess greater "tolerance" against this drug. To the Ayurvedic physician there are purely arbitrary statements without any system or method or scientificity behind them. The former person may as well be called the victim of a divine curse and the latter the favourite of the gods. in as much as th terms like allergy tolerance, idiosyncracy, and anaphylaxis are no more enlightening and no less arbitrary.

"In the second instance, the modern explanation of 'natural susceptibility' and 'natural immunity' to the malarial infection in the case of the two individuals, could again be very well replaced by the theory of divine wrath and divine favour respectively, without any loss of 'scientific' value. The Ayurvedic physician continues to consider these "explanations" entirely arbitrary and unscientific as against the Ayurvedic of *doshic* clarifications which are natural, systematic and consistent with the principles of the theory. It would require the faith of the chosen to call the former scientific and the choice of the faithful to call the latter unscientific.

"The *doshas* cover all aspects of life, health and disease, food and fasting, emotion and thought. Therefore Charaka says, "Nothing exists in the world of thought or experience which cannot be used as medicine," for, whatever affects the constitution, even if it is a sweet word or an abuse, an exposure to sun or dip in water, a pleasant or unpleasant incident, can be termed treatment".

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The Question of Synthesis

"The stiff and water-tight structure of allopathy does not permit it to assimilate other theories easily. Homoeopathy, recognised by the governments of Germany and the United States of America, has been practised side by side with allopathy for centuries and a number of eminent allopaths have walked over to the parlour of homoeopathy despite their high qualifications in their own system; but allopathy has failed to assimilate it and it remains a separate entity in the home of allopathy. The same holds good of allopathy's relation to nature cure. But the Ayurvedic system is so broad based that there is no theory of medicine that does not fit into it *naturally*. The very first aphorism on treatment reads:—

"The use of drugs, diets and practices, jointly and severally, contrary to the cause, to the disease, or to both; or, similar to the cause, to the disease or to both; resulting in relief, is known as the treatment of the disease."

It beings in everything. No conceivable approach is left out. Bacteriology, endocrinology, nutrition, psychiatry, there is nothing that does not fit in easily into the Ayurvedic system without impairing the consistency of any of its tenets. The Ayurveda mentions sixteen methods of fomentation and application ef heat. Their number can be raised by adding infra-red ray, X-ray, ultra-violet ray, etc., without violating any of its fundamental bases. I need hardly repeat that Ayurveda recognised germ and germicides three thousand years ago. The modern classification can be added and such antibiotics, chemicals and other curative and palliative agents assimilated as do not offend the only sensitive Ayurvedic law; "Only that is true medicine which, while curing one disease, does not lay the foundation of another." A number of allopathic medicines do defy this law—they could be discarded. Anatomy and surgery are not foreign to Ayurveda. Your own Ayurvedic Exhibition in 1938 showed no less than 125 surgical instruments which were in use in India three thousand years ago. The first dead body was dissected in India in 600 B. C., three hundred years before Hirophylus dissected the first dead body in Greece. There is no branch of allopathy or any other system of medicine that Ayurveda cannot naturally assimlate.

But such is not the case with allopathy. Whereas adrenal activity is a legitimate activity of the *paittic* metabolism (and the same holds good of the thyroid activity) and whereas adrenaline and the thyroid extract can very correctly be described as *paittic* secretions or products, *pitta*, as a physico-psysho-phhysiological organismal phenomena complex, cannot fit into the adrenal or the thyroid gland. Sunshine or heat may have the same action on thyroid activity as on *pitta*; anger simulates the adrenals and increases the adrenaline content in the blood stream as it does the *paittic* activity; conversely, *pitta* increases anger as does the prolonged use of adrenaline or the hyperactivity of the adrenals;

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paittic drugs and foods are stimulants, so is adrenaline; but that is as far as the analogy will go. Even if it were to continue to go further and further, it shall be easy to teach the Ayurvedic students that the adrenals and the thyroid are essentially *paittic* glands and that all anti-*paittic* drugs, diets and practices shall inhibit or tend to inhibit them and that *paittic* drugs, diets and practices shall invariably stimulate them. But it shall never be possible to fit in all the physical-physiological and psychica *paittic* phenomena into the smaller compass of allopathic conceptions."

Wider Scope & Higher Adaptability

The benefits of the Ayurvedic system of nature cure, the *pancha karma*. extend beyond the normal field of disease. There is no other process that builds up natural resistance against disease so effectively within so short a period. This method of detoxication, overhaul and renovation of the tissue is without a parallel in any other system anywhere in the world. It can be used with great benefit in the cases of nervous break down, prostration, etc., caused by the modern toxic drug approach to health and disease. If for nothing else, Ayurveda has to survive to undo the injury that modern medicine is inflicting on the texture of the body and the mind.

The response and adaptability of Ayurveda to new diseases is remarkable. When the Portuguese introduced syphilis in India somewhere before or about the 14th century A. D., the first Ayurvedic text of importance written after their invasion, the *Bhava Prakasha* recorded the new disease as *phiranga roga* or the Portuguese disease. Following a purely Ayurvedic line of approach, the author, Bhava Misra of Kashi, prepared a compound of arsenic mercury to cure it. It was at least a hundred years before Ehlrich isolated the spirochete and discovered the arsenic specific 'salvarsan'; while the newly imported disease was still called 'large pox' in England.

When quinine brought cinchonism with it the Ayurvedists were the first to prescribe milk and ghee as the most effective antidotes against it. They still remain the best. High blood pressure, quite often resulting from the evil effects of highly toxic modern drugs on the kidneys, the liver, the heart, the nervous system and other tissues, first learnt to yield to the Ayurvedic rest and massage cures of *pancha karma*; and the Ayurvedic medicine, *sarpagandha*, reigned supreme on the prescriptions of all the allopaths long before it found its way to their pharmacopoeia.

Ayurveda insists on a thorough understanding of the factors like *desha* (place), *kala* (time), *bala* (strength), *vaya* (age), *satva* (mental vigour), *sara* (grit), etc., of the patient while prescribing for him. A disease sets up different reactions in different patients, just as a drug acts differently in different constitutions. Charaka says that the understanding of the elements of the disease, the

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drug and the constitution are far more important than knowing the nature of the disease. The same disease may present a different picture in the same race after a period of three thousand years. Commenting on the difference in the description of cholera and. *visuchika*, Dr. Mahendra Lal Sircar remarked :

> "Is *visuchika* the primitive parent of cholera? Is there evolution in disease as there is in animated nature? This is a question well worth the most careful aud searching investigation, for if solved in the affirmative it will entirely open a new field for hygiene and therapeutics." *Calcutta Journal of Medicine*, June and July issue, 1833.

Needless to say that it is due to its ability to cope with even the newly evolved disease conditions and its high survival value which makes the most eminent medical men of today like Carrel and Walker look up to Ayurveda with respect and hope. Its preventive and curative ability, its adjustability and and applicability to disease which are of unknown origin, its capacity to assimilate all other systems without effort. its synthetic physical, mental and spiritual approach to states of health and disease, make it a unique system of high scientific, clinical and social value.

Central Government's Anomalous Stand

In view of the great respect Ayurveda commands inside and outside India it becomes very difficult to understand the stand taken by Pandit Jawaharlal Nehru and his government on the Ayurvedic question. The present policy of the government is being carried in the face of the advice of no less than seventeen government enquiry committees, none of which was ever formed without there being an overwhelming majority of allopaths on its personnel. The speeches made in favour of the anti-Ayurvedic policy carry only one burden—that Ayurveda cannot be supported "simply because it is cheap", despite our continued protests to the effect that we do not want any support for Ayurveda on the grounds of its cheapness. We made our attitude clear as early as 1938, at the Bombay session of the All India Ayurvedic Conference when we decided.

> "to refrain from advancing arguments in favour of Ayurveda on such grounds as those of its 'Indian origin,' 'great past,' 'scriptural sanctity,' 'cheapness,' 'swadeshism,' 'national interest' or the like. Not that these factors can be or should be ignored, but they are too often alluded to by one section of the people and too much disregarded and disliked by another"

This address from which the above extract is taken went into five editions in English only, leave aside the numerous translations in provincial languages in which it appeared. In view of the fact that the radio and publicity departments are not in our hands, we could hardly do anything more about it. It is unfair to drag medicine to the level of politics by evading the actual issues raised by us time and again and wasting breath in relentlessly rejecting imaginary pleas which are never made.

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The Hon'ble Pandit Nehru

I am particularly anxious that our Prime Minister, Pandit Jawaharlal Nehru, should realise that while his greatness, his sincerity, his sacrifices, and his international stature constitute a source of our strength and our pride, he can do a great damage to the cause of truth, which he is anxious to serve, by his uninformed pronouncements on the subjects which are really outside the range of his knowledge.

The efficacy and soundness of Ayurveda is a matter of day to day demonstration all over the country for those to see who keep their eyes open. The benefit of Ayurveda does not extend merely to the ordinary patient but also to cases sadly damaged by mordern advances and wonder drugs. Those benefits are conferred *not by just excellent remedies*, as is so often sought to be explained away in the ministerial speeches but by *a system of approach*. I will fully clarify this very shortly by giving three recent case histories where mere remedies could be of no avail. Why should the 'advanced and scientific' system be continuously falling behind this 'unadvaneed' system ? Indeed, why should it allow it even to hold a patient against its own pulling power ? By now the 'advance' should have left us completely ignored by the patients. On the contrary we find some of the leading doctors ungrudingly giving us our due where our leaders refuse to do so An American doctor, who happened to be in India at the time of the last Ayurvedic Congress session in Delhi and attended one of the public speeches arranged by the conference wrote to one of the speakers,

> "It is my strong desire to keep in touch with you so as to benefit by your clear thinking mind in the clarification and evolution of Ayurveda. That is the purpose of this letter written but a day after my return form a more than nine month trip abroad.
>
> "Any literature in English you may send me in future will be paid for promptly, as I purposely left an account at the Hornby Road Branch of Lloyds Bank".
>
> .....Ph. D., M.D.

Another American gentleman, holding a doctorate in philosophy, whose interest was aroused in the 'philosophy of Ayurveda' as distinct from its medical aspects—if such a distinction is possible—most probably by reading the appreciative references in the writings of philosopher surgeons like Carrel and Walker shot accross the country straight to Kashi, the home of ancient Indian learning. How could he know that the Kashi of Nehru was entirely different from the Kashi of Bhoja and other great patrons of national learning in ancient India. To make matters worse, he visited the "Ayurvedic" college. I do not know if Panditji is aware that the government Ayurvedic colleges, conducted under the allopathic official advice, are running far ahead of the derogatory ministerial speeches in misrepresenting Ayurveda and lowering its prestige in the eyes of the foreigners. This gentleman returned to Bombay a very disappointed person and complained to an eminent social worker what fraud Ayurveda was while they thought so highly

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of it outside India. This person luckily was in a position to enlighten him on the governmental set up *vis-a-vis* Ayurveda and asked him to visit the Universal Health Institute where a number of vaidyas could possibly satisfy his curiosity. He visited the Institute, he attended an Ayurvedic conference, he discussed the *Prakriti Purusha Siddhanta* and Ayurvedic theories of cosmagenesis for hours together. It was left to stray individuals to neutralise the utterly false and undesirable notions created in the mind of an honest foreigner by an ignorant, unsympathetic, impetuous and thoughtless approach of the government officials and the studied inefficiency of the Ayurvedic institutions.

An Englishwoman, Dorothea Chaplin, in her book, *Some Aspects Of Hindu Medical Treatment*, having observed that "very few medical men in India have such a practice," asks, "How can they do it if they cannot give to the patient that which he most desires, a cure ?"

Nearer home, and if I may say so, nearer God, I wish to refer Panditji to Mahatma Gandhi's following words (*vide* his letter to the Inspector General of Prisons, Poona, written from his Detention Camp on February 18, 1944):—

> "I cannot refrain from regretfully saying that had there not been the wholly avoidable delay in granting my request for allowing the services of the Vaidyaraj and Dr. Mehta, the patient's (Shri Kasturba's) condition might not have been so near the danger point as it is to-day. I am well aware that nothing happens outside the Divine Will, but man has no other means of interpreting that will apart from the results he can see".

The significance of this disapproval of the allopathic handling of this case becomes clearer when it is realised that neither of the two physicians mentioned above was an allopath.

I give below the three cases I referred to above.

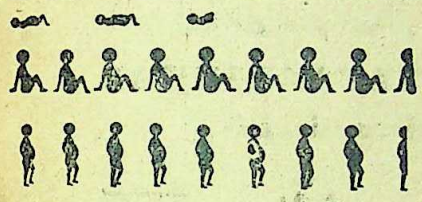
Case 1. An ascetic over fifty years of age fell from a horse three years ago and lost his capacity to defoecate without the help of a full enema which he had to take daily since the day of the fall. In addition to this loss of function there was continued pain in the lumbar region near the site of the injury. Best allopathic aid had failed to relieve the patient. The defect was declared permanent due to injury to the nerve serving the tissues concerned. *Only fourteen days of Ayurvedic treatment* (consisting of the ancient *panch karmic* massage called *pinda sveda* with drugs and diets to match) *relieved him of his pain* (without a single analgesic being given at any stage), *and on the fifteenth day the patient gave up the enema habit for good.* The records of this case are kept at the Universal Health Institute, Bombay, where the diagnosis and the cure are recorded by a select team of modern medical experts.

Case 2. A lady with a life-long tendency to eczema and urticaria was put on deep X-ray exposure which failed to cure the eczema but caused an X-ray burn. The sore thus created refused to heal under the topmost medical and surgical advice and cure.

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The modern theory did not accept the possibility of healing of the sore as the epithelium which is capable of proliferating and forming the scar tissue had been destroyed by the X-ray. Over nine-tenths of the sore has healed under the Ayurvedic treatment. The eczema has disappeared altogether. All modern antibiotic and antihistamine drugs had failed hopelessly in this case and after five years of intensive treatment by India's front rank and most sought after medical men, the patient was going to be shipped to America for skin grafting with the inspiring warning that it was possible for the graft not to catch the tissue ! Authentic records of this case are also being prepared for the Institute. (*To be continued*)



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THE JOURNAL OF AYURVEDA

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THE JOURNAL OF AYURVEDA

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EDITORIAL

ALL INDIA AYURVEDIC CONGRESS

Special Session

The All India Ayurvedic Congress was waiting for the publication of the report of the Pandit Committee with great expectations. The points of reference given to the committee were of vital importance for the future of the Ayurveda. The report created a severe shock in the minds of Vaidyas and it was decided to hold a Special Session of the Congress.

This Session was held on the 11th. and 12th. of August, 1951 at Gaziabed, a railway Junction on the E.I.R. and E.P.R.. The station was on direct route from Bombay, Calcutta and the Punjab, about, eleven miles from Delhi. A representative gathering of Vaidyas of the country joined in the deieberations and adopted a resolution, which we are giving below.

The Pandit Committee was appointed to draft a scheme for research and education, in Ayurveda. Chopra Committee in its recommendations advised the desirability of Synthesis of Ayurveda and other medical sciences of the Country. This synthesis was to be sought by supplementing one system by relevent things of others and Pandit Committee was to consider and report whether it is possible or not and if it is possible, how can it be achieved ?

The Pandit Committee has drafted a scheme for research and there is not much in it, which the Vaidyas are finding objectionable. The main scheme has been accepted, with the suggestion that the main responsibility of conducting research in Ayurveda should be of Ayurvedic Pandits and not of Allopathic Doctors.

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Regarding the scheme of education in Ayurveda the Vaidyas have discarded it in toto and have suggested certain fundamental things, which either have been ignored by the Pandit Committee, or have been objected to.

The resolution runs thus :--

The following is the English version of the Resolutions passed :—

I. On Pandit Committee Report

This Special Session of the All India Ayurvedic Congress having considered the Report of the Indigenous Systems of Medicine Research Committee (Pandit Committee) is of the opinion that the recommendations of the Committee are evidently such as would not completely serve the purpose for which the Committee was appointed. The Conference, therefore, presses upon the Government that for a proper development of the Science of Ayurveda it should forthwith proceed to work on the following lines :-

1. That the research in Ayurveda should be carried out in accordance with the Ayurvedic System of Medicine itself and by Ayurvedic Scholars only. The Ayurvedic Scholars may, however, take the assistance of other methods of Modern Science whenever found necessary.

2. That in view of the conditions prevailing in the country at present the Diploma Course in Ayurvedic Studies should not be done away with as yet.

3. That the basic educational qualifications for a student going in for Ayurvedic Studies should be (a) Matric with Sanskrit or Prathma in Sanskrit or equivalent thereof for the Diploma Course and (b) Matric with sufficiently high knowledge of Sanskrit and Science or Madhyama in Sanskrit or equivalent thereof for the Degree Course. In this connection the conferenee is of the opinion that necessary provision for imparting instructions in Science should be made in the Courses of Prathama and Madhyama in Sanskrit.

4. That the studies in Ayurvedic schools and colleges should chiefly be of Ayurveda and that only minimum essential parts of Allopathic should only be taught in accordance with the needs to supplement Ayurvedic learning and that this teaching should be primarily comparative and synthetic.

5. That the recommendation of the Committee reveal that certain handicaps in the study of Ayurveda may arise for scholars of Sanskrit. The Conference is of the defiite opinion that such hinderances should not be created.

II. Establishment Of A Central Ayurvedic Board

This Special Session of the All India Aurvedic Congress requests the Government of India that it should forthwith stop the procedure of constituting such Committees on Ayurvedic topics as are mainly manned by Allopathic scholars. The All India Ayur-

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vedic Congress should be consulted on All all matters pertaining to Ayurveda.

The Conference is further of the opinion that for a proper development and progress of the Science of Ayurveda a separate Central Board of Ayurveda and a department of Ayurveda, at par with the Indian Medical Council, which may guide all Ayurvedic policies of the Central Government, be set up without any further delay.

First part of the resolution deals with the research work in Ayurveda. The resolution suggests that research in Ayurvedic system of medicine should be under the supervision of Ayurvedic scholars. Assistance from the methods of modern sciences may be taken, if and when necessary.

The difference between the recommendations of the Pandit Committee and the suggestions of the resolution, is that one requires that the Ayurvedic System should prove its value with methods of modern science. This position is refused by the resolution passed by the special session of the All India Ayurvedic Congress. In its opinion, as proved in the presidential address of, Pt. Shiv Sharma D. Sc. Vaidya Rattan, president of the Special Session, that modern methods are not yet sufficiently developed to be able to test the superfine methods and work of Ayurveda. They are too crude to gauge the accuracy of the actual working of a living system, which has been detected by the direct mothods of Ayurveda.

If this is true, as vaidyas are proving it daily by diagnosing and curing even highly complicated cases, without the help of modern appliances, then the necessity of the methods of modern science to prove the value of Ayurveda is useless. Ayurveda has got its own theory about the working of the living system and its own methods of diagnosis and cure. Methods of modern science have been found to be inacurate and incomplete as compared to Ayurvedic ones. With this view the special session of the Ayurvedic congress be justly demanded that the research in Ayurveda System be conducted in accordance with the Ayurvedic methods and methods of modern science may test the results and conclude in its own way, but their verdict cannot be final.

Physics and Chemistry are the two sciences that have provided all the methods of varifications in the medical science i.e. Allopathy. The difficulty has arisen as the present day Physics and Chemistry do not confirm its own previous results. Thus the methods that these sciences have elaborated have fallen short of the actual state of affairs and, therefore, are liable to mislead the research student.

The ninetytwo elements are no longer the primary elements of matter. They have been reduced to the number of three primary substances Thus the chemical tests based upon the theory of ninetytwo elements no longer holds true. Chemistry based on the

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theory of ninetytwo elements has failed to explain the action of Homeopathic drugs of high potency. Even the crude drugs of allopathic science have been found to be acting upon the living system in a way, impossible to be explained by the ninetytwo elements theory. Similarly old Physics based upon Eucledian principles no longer holds ground and the instruments based upon this physics are being found incorrect in recording facts. When the things have reached to this stage the methods of modern sciences can only be trusted with reservation and the resolution of the Special Session of the Ayurvedic Congress stresses this view forcefully.

The main part of the resolution is regarding the scheme for Ayurvedic Education framed by the Pandit Committee. The special Session of the Ayurvedic Congress says that the Time for closing the Diploma Course has not yet come. The main point, which the resolution stresses is regarding the basic education for admission in Ayurvedic medical colleges. It is the firm belief of the Ayurvedic scholars that a very high knowledge of Physics and Chemistry is not required for learning Ayurveda. Science of Ayurveda is founded on a theory propounded by Darshan Shastras, which is much nearer to the modern Physics and Chemistry than to the old one which is usually taught to F.Sc. Students. It is explained above that the present developments in these sciences have revolutionized the old ideas of these sciences. The modern Physics that is related to the theory of relativity of Einstein and the modern Chemistry that has reached the inter atomic stage are very near to the theory of Darshanas. It is therefore clear that the methods and results of Ayurveda cannot be valued by methods of pre-Einstein and pre inter-atomic period.

It is the firm opinion of the Ayurvedic world that the basic education for an Ayurvedic student should be from Darshanas rather than from old Physics and Chemistry.

It is, thereof, quite relavent to demand that the basic knowledge of Physics and Chemistry for the Dipoloma course and for the Degree course may not differ. The difference should not be in the standard of Physics and Chemistry but it should be in the knowledge of Sanskrit and of Darshan Shastras.

On account of a powerful wrong propaganda by the allopathic doctors for a long time, even certain vaidyas have started thinking that the sciences of Physics and Chemistry of the F. Sc. standard are essential for the learning of Ayurveda. The Special Session of the All India Ayurvedic Congress has sought to remove this false idea.

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Planning of Research in Tri-Dosha Siddhanta of Ayurveda

By

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(Continued from last issue)

Chapter VI.

Gathering Literature and Fixing Terminology.

Definition of Thri Dosha Siddhanta:

(32) The first thing to do for research in *Thri-dhaatus* (nutrients) and *Thri-doshas* (vitiated nutrients) is to search carefully and gather together all literature from the *Vedas* down to *Puraanas* and folklore and to collect all passages containing reference to these words. The word *Thri-doshas* is profusely used in Ayurveda in different contexts. These should be clearly understood. *Thri-dosha Siddhanta* means the universally accepted theory of Ayurveda that the equillibrium of the nutrient body-fluids is responsible for health and that their ill-balance leads to disease.

Relationship between Physiology and Pathology.

(33) *Thri-dhaatus* deal with Physiology and *Thri-doshas* with Pathology, although the word *Thri-dosha* is very often used to denote physiology also. In some places, however they used the adjectives such as *Dushta* and *Kupita*, meaning vitiated and excited to denote the pathological condition. First, the relation between Physiology and Pathology is to be clearly understood. Physiology gives us the idea of the normal functions which can be understood. on the strength of the knowledge of anatomy gross and minute. The knowledge of Anatomy and Physiology forms the basis of Pathology, which enables us to understand the condition of the mind and body and of the tissues and organs in disease This link of knowledge between Anatomy, Physiology and Pathology shows that the statements made in Pathology cannot be considered as correct, unless the knowledge of the conditions of the background, namely, the gross anatomy, minute anatomy and physiological functions is correctly resent. The reverse process of understanding Physiology and Anatomy from the knowledge of Pathology is also possible and this should be made use of in research in Ayurveda. We may often, get a clue to Physiology by the study of the Pathology.

Gross and Subtle conditions of Thri-dhaatus and Thri-doshas

(34) The *Thri-dhaatus* exist differently under different conditions. They have gross and subtle states. In the gross state, they may be seen, felt and measured in the alimentary canal. *Kapha* is

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estimated to be about 7 *anjalis* (84 ozs). *Pitta* 6 *anjalis* (72 ozs). Charaka Vimana. *Vaata* has no compact form but its presence can be felt and its gross volume may be estimated by the space that it occupies and the pressure and pain that it causes in the abdomen, chest and other parts of the body.

In the subtle condition, the *thri-dhaatus* circulate in the whole body after absorption from the alimentary canal and are responsible for the maintenance of the healthy state of the body.

The *thri-doshas*, can also be seen, felt and measured in the gross state in disease as *phlegm*, bile, flatus and other excretions. In the subtle condition, their presence is known by the pathological symptoms produce and the organic changes that they cause in the body. These are attributed in Allopathy to the changes in the tissues and organs and not to the *doshas* the vitiated nutrients that are the cause of these changes.

Six Stages of Thri-doshas in Disease.

(35) The changes caused in the body by *Thri-doshas* vitiated nutrients have been described in Ayurveda in 6 stages for purpose of treatment and are called *Kriyaakaalaas* (1) *Chaya* (accumulation) (2) *Prakopa* (excitement). (3) *Prasara* (expansion). (4) *Sthaana Samsrya* (settlement in a fixed locality) (5) *Vyakti* (growth and exhibition of the full symptom—complex) (6) *Bheda* (destruction of the tissues and other organic changes).

By a careful study and comparison of the Pathological stages of *Thri-doshas* and the Physiological processes of the *Thri-dhaatus* many points of correspondence may be noticed.

1. *Chaya* in Pathology corresponds in Physiology to the accumulation of *Thri-dhaatus* in the alimentary canal at the time of taking food.

2. *Prakopa* in Pathology corresponds (*Brimhana*) of the *Thri-dhaatus* in the alimentary canal in Physiology.

3. *Prasara* in Pathology corresponds to the circulation of the *Thri dhaatus* in Physiology.

4. *Sthaana Samsraya* in Pathology denotes the change of place and settlement of the vitiated *doshas* in the tissues. The inter action that takes place between the vitiated *dhaatus* (*Thri-doshas*) and the *Sapta dhaatus* (tissues) is called *Dosha-dhaatu Dammoorchanam* in Pathology. This stage corresponds in health to the normal contact between the nutrient fluids (*Thri-dhaatus*) and the cells and tissues.

5. *Vyakti* or *Vyadhi darsana* or the *vidridhi* stage (the stage of abscess formation) in pathology (See principles of Pathology—Sec. II. Chap. 9 by the author) corresponds to nourishment and growth of the concerned tissues (*vriddhi*) in Physiology.

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6. *Bheda*—The stage of ulceration in Pathology i. e. the stage of destruction and dissolution corresponds in physiology to the condition of utilisation of the food, in order to continuously maintain the healthy condition and functions of the structures.

All these six conditions are guided by the abnormal or Pathological Bio-chemical actions in disease, where as in health, they are guided by the normal and physiological bio-chemical changes in the body. This is called *Agnikarma* in Ayurveda. *Samaagni* is responsible for health and *Vishamaagni* is responsible for disease i. e. abnormal metabolism. The above is only an illustration to show the method in which Pathological knowledge may be utilised in order to understand and develop physiological knowledge in Ayurveda. The Allopaths should, by this process, envolve an understanding and a terminology to explain the Ayurvedic literature.

Digestion in the Mouth.

(36) As an illustration, we shall first study by an experiment, the process of digestion in the mouth. It is visible and easy to manipulate. To do this experiment, we have to develop the necessary Ayurvedic language relating to this process, by gathering several quotations from different books and several chapters and understand the terminology before we fix the stages of the experiment.

For example :—

(1) *Vividhaasita Peeteeya Adhyaaya*—Charaka Sootra Ch. 28. Digestion of different kinds of food and their separation into essence and debris.

(2) *Paachana Karma*—The process of digestion and assimilation according to Ayurveda—Charaka Chikitsa Ch. 15.

In Ayurveda, any agent that is responsible for the digestive or any other bio-chemical changes is called *Agni*. It is also sometimes called *Ooshma* or *Pittam*, or merely heat.

Dosha Dhaatu Malaadeenaam Ooshma
Iti Atreya Saasanam.

Vaagbhata—Saareera 3, 49.

The thirteen *Deha Dhaatus*, namely, three *Doshas*, seven *Dhaatus* and three *Malaas* have their respective *agnis*. The quotation says *Malaadeenaam Ooshma—Aadi* which means etc. includes all Bio-chemical action taking place any where in the body. For instance, *Twak Sta Agni*—Bio chemical activities in the skin. (Susruta Chikitsa Chapter 24). *Vyaayaama Ooshma*—The Bio-chemical changes which take in physical exertion—Charaka Chikitsa 15—35 etc. *Jatharaagni, Kaayaagni, Dehaagni* etc. are general terms used to denote the bio-chemical change taking place generally in the whole body. *Doshaagni, Dhhatwagni, Bhootaagni* etc., are used to denote the bio-chemical changes taking place particularly in *Doshas* (nutri-

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ents), *Dhaatus* (tissues) and *Panchabhootas* respectively. *Paachakaagni* denotes the agents which are responsible for the digestive process in the alimentary canal. The capacity of all *Agnis* in the body depends upon the strength of the *Paachakaagni* in the alimentary canal. Its influence is very great in the maintenance of health, complexion, strength and long life.

Aayurvarna Balam Swaasthyam
Utsaaho Upachayow Prabhow
Ojah Tejo Agnayah Praanaascha
Uktaah Dehaagni Hetukaah.

Charaka Chikitsa 15–3.

Life, complexion, strength, health, enthusiasm, growth, lustre *ojas*, (vigour) *Teja* (brilliancy)—All these are the result of *Agnis*—Bio-chemical agencies responsible for these conditions. As the very life depends upon these bio-chemical changes, the importance of the *Agni* in health and disease is to be recognised. These *agnis* are classified variously according to their seats and functions. For example—They are classified as *Choturvidha*—four kinds according to their strength in different individuals.

(1) *Teekshana*—Acute—This is not upset even by unsuitable food and habits. This is attributed normally to *Pitta* predominance.

(2) *Manda*—mild—Upset even by slight variation. This is attributed to *Kapha* predominance.

(3) *Vishama*—Abnormal—Sometimes upset even by normal food and habits but at other times not upset even by unsuitable food and habits. This is attributed to predominance of *Vaata*—i. e. nervous influence.

(4) *Sama*—normal—Not upset by normal food and habits. This is attributed to a harmonious combination of the three *doshas*.

These four degrees of variation may affect not only the general digestive processes due to *Paachakaagni* but may also relate to any other *agni*. They are indicative of constitutional variations. i.e. *Pitta Prakriti, Kapha Prakriti, Vaata, Prakriti* and *Sama Prakritis* Temperaments respectively.

Charaka Chapter 5. Vimana, classifies the 13 *agnis* as follows, 5 *Bhootaagnis*, 7 *Dhaatwaagnis*, and 1 *Paachakaagni*—total 13.

Rasa Dosha Sannipaatha

(37) The contact of *Rasas* and *Doshas* is called *Rasadosha Sannipaatha*. Here, *Rasa* means a food substance which has a particular taste or tastes as its quality. *Doshas* are alimentary secretions *Kapha*, *Pitta* and *Vaata*. *Rasa Dosha Sannipaatha* means intimate contact of the *Rasas* and *Doshas*. Inter action between the *Rasas* and *Doshas* takes place in three stages in the alimentary canal called *Avasta Paakas*.

(1) The first stage is in the mouth and upper part of the stomach called *Aamaasaya*. This gives rise to the augmentation of *Kapha*. This is called *Madhura Vipaaka*—Sweet digestion.

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(2) The second stage is in the latter part of stomach and the deuodenum—called *Pachyaamaanaaśaya*. This gives rise to the augmentation of *Pitta*. This is called *Amla Vipaaka* Acid digestion.

The third stage is in the lower small intestines and large intestines called *Pakwaasaya*. This gives rise to the augmentation of *Vaata*.

In addition to the inter-action of *Rasas* with *Doshas* in these 3 stages-called the three *Avastaa Paakaas*. A general inter-action is also described which is called *Nishtaa Paaka*. The *Nishtaa Paaka* takes place throughout the course of digestion in the alimentary canal, without reference to the localities. This *Vipaaka (Nishtaa Paaka)* takes place simultaneously with the separation of the food into the essence and the debris. The general rule is that (1) substances which have *madhura* (sweet) and *Lavana* (Saltish) *Rasas* are converted in *Mudhura Vipaaka*. (2) *Amla Rasa*—(Acid taste) results mainly in *Amla Vipaaka*. (3) and *Kashaaya* (Astringent) *Rasa* generally undergoes *Katu* (Punjent), *Tikta* (bitter), *Katu* (punjent) *Vipaaka*—Charaka Sootra 28-88. are other rule is that (1) *Madhura Vipaaka* augments *Kapha*, (2) *Amla Vipaaka* augments *Pitta* and (3) *Katu Vippaka* augments *Vaayu*. Of the six *Rasas*, namely, *Madhura*, *Amla*, *Lavana*, *Tikta*, *Katu* and *Kashaaya*, the one which is earlier in the order gives more strength (i e.) it is more nutritious than the succeeding ones in the order. Vaghbhata Sootra 1.14. There may be exception which are classified as *Prabhaava*—specific action.

Clinical Evidence Superior to Bio-chemical Experiments

(38) One important point to be noted here is that not only sugar, but also substances like many varieties of rice (*Shastika* etc.) which are described as carbohydrates in Allopathy are classified as *Swaadu*-sweet (*Madhura*) wheat, Dal, Goat's flesh, which are classified as predominantly proteid according to modern science are also generally classed as *Madhura* (sweet) according to Ayurveda and they generally undergo *Madhura Vipaaka* (sweet digestion) Similarly, ghee which is a hydro-carbon is also classified as *Madhura*. On the other hand, mustard oils is classified as *Katu* (punjent) both by taste (*Rasa*) and by *Vipaaka*. Sheep's flesh is described as more *madhura* (sweet) than goat's flesh which is described as most akin to human flesh.

Saareeradhaatu Saamaanyaath Anabhishyandi Brumhanam.

Charaka Sootra 27-61.

Goat's flesh is described as light and nutritious and as not very fatty, nor heavy, nor cooling. Whereas sheep's flesh is described as nutritious but heavy and cooling.

Whereas green gram is described as astringent and sweet by taste, cooling by action and punjent by digestion, horse gram is described as astringent by taste and acid by *Vipaaka* (digestion) and heating by specific action. Charaka Sootra 27, 23 and 26.

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Green gram is considered as more nutritious for men than horse gram. Green gram is cooling, whereas horse gram is heating. Therefore, the meaning of the words such as *madhura* (sweet have to be properly understood. They have been defined clearly by certain definite physical and physiological characteristics in Ayurveda. See Charaka Sootra 26. 104.

Snehanam preenanaahlaada, Maardavairupalakshyate.
Mukhaato madhuraacha Aasyam Vyaapnuvaan Amruteevacha.

Charaka.

When a substance having *madhura rasa* is placed in the mouth. it creates a sort of moisture (*Snehanam*) or oiliness in the mouth. It spreads in the mouth like nector.

Such Physiological tests are given for all the other rasas. Therefore this becomes a very important subject for research by modern scientists.

Further the mental qualities of food materials described a *Satwa* (causing harmony). *Rajas* (causing emotion) and *Tamas* (causing dullness or inertia), have to be studied by careful psychological research. For example:—Cows ghee and curd are described as more *Saatwika* (promoting harmony of mind) than buffalo ghee and curd which are described as *Taamasa*—dullening intellect. Again, ghee is more *Saatwika* than oil. Oil promotes physical strength, whereas ghee promotes mental faculty. Refer to the book "Mind in Health and Disease" by the author 1949.

The above observations appear to be the result of clinical evidence and the study of natural facts collected from centuries of experience of *Vaidyas* and scientists in India who after a very careful study recorded their experiences in text books. It is the duty of research workers in Bio-chemistry to conduct experiments to verify or reject them. But, Bio-chemistry is now an infant science. Therefore, clinical evidence, whether supported by Bio-chemistry or not, is more important from the view point of a practical physician.

Prakriti Sama Samavaaya—Normal General Combination
Vikriti Vishama Samavaaya—Abnormal special Combination

(39) When two or more substance come into intimate contact with each other two kinds of combination may take place. One combination is like the mechanical mixture, where the properties of both the component parts are noticed in the resultant combination. In *Nyaaya Sastra* this is called *Pithara Paaka* (Pot Reaction) a black pot becomes red by a physical change), and the combination is called *Prakriti Sama Samavaaya*—Normal general combination in Ayurveda.

In the second kind of combination, the properties of the component parts are not easily seen in the combined product. They are altogether different as in a chemical combination. For

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example, when turmeric and *chunam* (lime) come together, the result and compound is neither yellow nor white, but it becomes red. The re-action in this combination is called *Peelu Paaka* (atomic reaction) in *Nyaaya*. It is called abnormal special combination—*Vikriti Vishama Samavaaya* in Ayurveda. These two kinds of combinations takes place not only as regards the combination of *Rasas* and *Doshas*—*Rasa Dosha Sannipaatha*—but also as regards the combinations of *Dosha* and *Dhaatus*. (i.e.) *Dosha Dhatu Sannipaata*. For instance, In *Vaata Sleshma Dwandwa Jwara* of Normal combination—*Prakriti Sama Samavaaya* type the symptoms indicating both the two *Doshas*, *Vaata* and *Sleshma* may be noticed. But, in certain special cases, (such as *pralepaka jwara*), we notice profuse sweating of the body, which is neither a *Vaata* symptom nor a *Kapha* symptom. Such combinations are called abnormal special combinations of the *Doshas* and *Dhaatus*—or *Vikriti Vishama Samavaaya*.

In this manner, four important categories of special powers (*Prabhaavas*) should be noticed by the normal and abnormal combinations stated above. They are called *Rasa Prabhaava, Dravya Prabhaava, Dosha Prabhaava* and *Vikaara Prabhaava*. The result of the combination may be due to the special power of the *Rasa* of the substances, of the *gunas* of the substances, the *Doshas*—their proportions and their locations etc., and *Vikaara Prabhaava* of the nature of the disease due to the specific agents, producing the disease irrespective of the causative *Doshas*. This is a big subject of great importance in which modern research should throw much light. See Principles of Treatment Sec. I. Ch. 14. by the author and Charaka Vimana Chap. I. *Rasa Kalpana* and *Dosha Kalpana*. See also Chapter V.

Dosha Dooshya Sammoorchanam

(40) Inter action of *Doshas* and tissues—Morbid inter-action of vitiated *Doshas* and tissues is the cause of disease. When such inter-action takes place, there is some re-action in the tissues. This is similar to the inflammatory processes described in Allopathy. The essential difference is that in inflammation, the symptoms are due to the re-action of the tissues against an offending agent such as infection or injury but, in *Dosha Dooshya Sammoorchanam*, there may be re-action of the tissues even without such offending agent from outside as is often noticed in metabolic diseases such as diabetes or deficiency diseases such as *beri-beri*. The scope of *Dosha Dooshya Sammoorchanam* is therefore more extensive than that of inflammation in Modern Medicine. See principles of Pathology, Chapters II and III by the author.

Tadhaavidha Dosha Dooshya Sammoorchanam Visesho
Jwaraadiroopo Vyaadhih
Tat Kaaryascha Aruchyaadayah.
Madhava Nidana Chapter I.
Verse 7. Vijayakshita commentary.

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Meaning : Disease is caused by the inter action of the deranged *Thri-Doshaas* and the *Sapta Dhaatus*. Their inter-action which is called *Dosha Dooshya Sammoorchanam* produces diseases such as *jwara* (fever) and the symptoms such as anoraria are also the result of the same abnormal inter-action. This is also sometimes called *Dosha Dhaatu Sammoorchanam* —Pathological combination of vitiated *Thri-dhaatus* and the tissues (*Sapta dhaatus*).

So far we have explained the meaning of certain terms relating to digestion of food according to Ayurveda.

Digestion of Food According to Ayurveda.

(41) The process of digestion in the mouth gives us a clear idea of *Rasadosha Sannipaata*—contact of the six *Rasas* with *Doshas* and their inter-action. The *Doshas* which have particular *gunas* attract those *gunas* from the *rasas* which are similar to themselves and by this process get augmented, according to the rule *Vriddhih Sammanaih Sarveshaamah* (*i.e.*) when similars are added together, the result is increase in all cases. We may prove this by a small experiment.

EXPERIMENT

Take a measured bit of bread, say, one tola. Put it in the mouth and chew it. It is broken into a pulp by the teeth and is saturated by Saliva. which is secreted. The form of the bit of bread is changed. This is *roopaantara*—which is a physical change. It becomes frothy, whitish and sweetish. This is *ruchyantara*—which is a bio-chemical change – Instead of swallowing, when it is ready for swallowing, collect it in a cup. It is now a liquid and it is nearly 3 times the weight of the bread, that is taken for the experiment. Increase in weight proves the addition of some new matter. The new matter is a liquid secretion from the mouth, which we call *Kledaka Kapha*. This experiment gives us the information of the secretion of a liquid required for the process of digestion. This liquid that is secreted contains some active agents which are called the *agnis* of that liquid.

Speaking bio-chemically, we say, that the *agni* of *Kapha* has changed the taste of the material acted upon. (*Rasaantara*). By this process, *Kapha* has increased itself by assimilating like substances from outside. Here are the beginning of *Madhura Vipaaka* and the *Brimhana* of *Kapha* which action continues as the food passes down in the alimentary canal. In this manner, as much part of the bread as is taken up by the secreted liquid has been practically converted into a different substance. This is *Dravyaantara*. All these changes will be quite intelligent to any allopath, because he has made a study of physics, chemistry and biology as the background of his knowledge of physiology.

All the physical, chemical and biological actions causing changes anywhere in the body, under different conditions, go under the name of *Agni Kaarya* in Ayurveda. The long details of the processes of digestion need not be repeated again. In short, *Pitta* is augmen-

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ted in the next stage, at the end of *Aamasaya* (stomach) and the beginning of *Pachyamaanaasaya* (deuodenum). *Vaata* is augmented at the end of *Pachyamaanaasaya* and the augmentation continues in *Pakwaasaya*—inlastures.

The Relationship between *Pakwaasaya*, *Vaata* and Nervous System.

(43) The most interesting thing for a research worker will be to trace out the relationship between *Pakwaasaya* and *Vaata* on the one hand and the connection of *Pakwaasaya* with the nervous system on the other. It is well known clinically, that treatment by *Vaata-hara* decoction and oils as enemata is very effective in both active and chronic *Vaata* diseases clinically, then appears to be a close relationship between the lower bowels and the nervous system. The Ayurvedic treatment for fits in children (a *Vaata* disease) is by enemata. Both acute and Chronic *Vaata* diseases are generally attended with constipation. Regular cleaning of the bowels with medicated enemata of the *Vataa hara* type often effects a cure. It is also known that, according to Ayurveda and *Yoga Saastra*, the pelvic area occupied by the large intestines is one of the greatest seats of the activities of the nervous system and this is called the area of *Apaana Vaayu* (*Moolaadhara Chakra*). What is called auto-intoxication is a sign of exhaustion of nerves (*glaani*). If the relationship between the *Pakwaasaya* and the brain and the central and sympathetic nervous systems is established, the case for *Thri-dosha Siddhanta* in Ayurveda may be taken as established on modern scientific basis.

(To be continued)

Prakriti or Temperament

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शुक्रार्तिवस्थैर्जन्मादौ विषेणेव विषक्रिमेः ॥
तैश्च तिस्रः प्रकृतयो हीनमध्योत्तमाः पृथक्।
समधातुः समस्तासु श्रेष्टा, निन्द्या द्विदोषजाः ॥

(Ash. Hri, Sutra 1, 9, 10)

In these words the Acharya lays down in this aphorisam, the basis of *prakriti*, which in modern parlance is Temperament or Personality factor. The term *Prakriti* in this context means *Swabhava* or the nature of the individual. The meaning of the term temperament is, (1) that which constitutes, distinguishes and characterises a person as an individual, apart from others of his kind, in respect of his physical and psychological make-ups and

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reactions to his environment of surroundings; (2) the peculiar physical character and mental cast of an individual; and (3) individual characteristics manifested by acts, feelings and thoughts etc.,

In the verse mentioned above the Acharya states :

"The *Prakriti* of the child (unborn) is determined at the time of its conception, among other factors, by the *Doshas* of the parents (the functional states—physical and psychological) at the time of the act of fecundation. The *Doshas* have been described as susceptible of being vitiated or becoming unbalanced, and in this state they may lead to the destruction of health or the causation of death. If so, the question may be asked, as to how, they can cause (or allow) the conception to take place, and the basis for the *Prakriti* or temperament of the child to be born laid down ? This is answered by the analogy of the birth, growth and development of *Vishakrimies* (toxic microbacterium) from the material of the toxin (*Visha*) itself On account of the influence of (or under the influence of) the *Doshic* states of the parents, three *Prakrities* arise in the following manner :

If *Vata* is the dominating factor in the parents at the time of conception, then the basis of *Vata Prakriti* is laid down in the embriyo.

If *Pitta* is the dominating factor, then the basis of *Pitta Prakriti* is laid down in the embriyo;

If *Kapha* is the dominating factor, then the basis for *Kapha Prakriti* is laid down in the embriyo.

The first is known as the *Heena* or week temperament, the second as the *Madhya* or mediocre temperament and the third as the *Uttama* or the best or strong temperament.

If on the other hand, any two of the three *Doshas* are the dominating factors in the parents at the time of conception, then arise what is known as the *Nindya Prakriti* or undesirable temperament.

Where all the three *doshas* are equally dominant then arise what is known as the *Sannipatha Prakriti.*

It may be noted here that in the view of the Acharya, the other factors which influence the formation of the *Prakriti* or temperament are :

(1) the *Shukra* (the reproductive elements of the male) and *Arthava* (the reproductive element of the female) at the time of conception;

(2) the nature (state) of the womb, diet, mode of living and other activities of the mother during the prenatal life of the individual;

(3) time factor, in relation to the development of the foetus in the womb;

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(4) the *Maha Bhutas* or the five fundamental elemental particles.

Says the Acharya Vagbhata :

शुक्रासृग्गर्भिणी भोज्य चेष्टा गर्भाशयर्तुषु ।
यः स्याद्दोषोऽधिकस्तेन प्रकृतिः सप्तधोदिता ॥

(Ash. Hri. Sarira, 3; 83)

Influenced by the factors stated above, seven kinds of *Prakrities* have been reckoned viz.,

(1) *Vata Prakriti,*
(2) *Pitta Prakriti,*
(3) *Kapha Prakriti,*
(4) *Vata Pitta Prakriti,*
(5) *Vata Kapha Prakriti,*
(6) *Pitta Kapha Prakriti,*
(7) *Sannipatha Prakriti.*

The subject personality and/or Temperament, has, during recent times assumed much importance due to developments in Psychology (Psychiatry), Biology, and Medicine, particularly in its new branch known as Psychosomatic medicine. Such terms as, Hyperasthenic, Hypo-asthenic and Gall bladder (*Hursh*); Lymphatic and Neuro-arthritic (Pearson and Wylie); Sympathetico-tonic and Vagotonic (Hess and Eppinger Extrovert and Introvert (Jung) and Ampho-tonic, Sympathetico-tonic, Vagotonic and Ampho-lypotonic (*Danielopolu*) have been introduced in Modern Medicine to classify individuals under different temperaments. The question as to what extent the temperament and personality factors are due to the peculiarities in the reproductive cells of the parents and also to what extent these factors are influenced by other factors such as the physical and psychio states of the parents, diet factors, environment etc., have assumed fundamental importance during recent times. As stated by Prof. V. H. Mottram, the question is asked as to how far is personality determined, or at least modified by physical attributes of a person ? Does the body determine the personality or does the personality in any way determine the physical make up of the person ?

According to Dr. Alexis Carrel, the Personality or Temperament are interwoven in the organic, humoural and mental factors which form an indivisible whole. The "Mental Structural and humoural individualities blend in an unknown manner. They bear to one another the same relations as do psychological activities, cerebral processes and organic functions. They cause every man to be himself and nobody else " The way in which these combine to make the whole, constitutes the temperament of the individuality factor. The gene in the reproductive cells of the parents undoubtedly determine the potentiality of the individual. Environment and the rest, either actualise this potentiality or keeps it dormant.

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The temperament or personality factor is both mental and physical. In the case of the former, such terms as Extrovert and Introvert have been introduced by *Jung*. As regards the latter various nomenclatures such as those already mentioned *viz.*,

(1) Sangninous, Nervous, Phlegmatic
Billious Lymphatic (Laycock),

(2) Atheltic Pycknic, Asthenic, Pycknic and Asthenic dyspeptic; (Kretchner)

(3) Hyperasthenic, Hyporasthenic and Gall-Bladder (Gastric diathesis) (Gastric diathesis) and Asthma and Migraine (Hurst)

(4) Lymphatic and Neuroarthritic (Pearson and Wylie)

(5) Sympathetico-tonic and Vago-tonic (Hess and Eppinger)

(6) Amphotonic, Sympathetico-tonic and Vago-tonic and Ampho-hypotonic (Dhanielopolu)
are in vogue to-day.

While the terms Extrovert and Introvert introduced by Jung relate to the description of the mental aspects of the Temperament or Personality factor, the others *i.e.* 1 to 6 noted above concern themselves with the physical.

It will be seen that to seperate the physical from the mental is to introduce an element of fiction in the description of the temperament or the personality, for, the life process as stated by Carrel is an inseperable whole of the organic, humoural and mental factors. The three cannot be seperated from one another in living states.

The obvious difficulty is due to the methods of approach made to the problem by workers of specialised fields of science *viz.*, Physicist, Chemist, Biologist (including the Physiologist), Pathologist and Psychiatrist. Another difficulty, perhaps very real, is the fact that the biological science is not now in a position to grant the existance of a mind to the object of its study *viz.*, the cell and the protoplasm and discern the relationship between instinct and mind. On the other hand, theoretical Psychology approaches its problem from the stand point of view of behaviour, whereas the Psychiatrist constructs his ideas on the basis of abnormal behaviour of the disturbed mental states. So much so, the two modes of approach offer to versions of the basis of personality or temperament factors; the Biologist, ascribes it to the influence of chromosomes and gene, and the psychologist to the mental forces. These two versions, are of course, partial statement of facts. As mind and body are inseperable in the context of life—they are obverse and reverse of the same coin—we may as well take the position that each conditions the state of the other.

From the Biological stand point of view :

(1) The probable carriers of heriditary potentialities are chromosomes or the reproductive elements of the parents;

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(2) The sex cells have half the number of chromosomes of the body cells, and the body cells have pairs of chromosomes, one of each pair being contributed by one parent, and one by the other;

(3) It is in the formation of the sex cells that the halving of the number of chromosomes is achieved;

(4) The distribution of the chromosomes between the sex cells if we consider their origin, is a chance distribution;

(5) There are means by which interchange of material or whole segments of chromosomes "dealt out", to a sex cell is not wholly from one parent or the other;

(6) Chromosomes are often identifiable by shape and can be traced from generation to generation.

As against the above view, the views of a Vitalist* may be summed up as follows:

(1) An intelligent mind is a condition precedent for integrating atoms to form the material that constitutes the living matter.

(2) Purpose seems fundamental in all things, from the laws that govern the universe to the combinations of atoms which sustain our lives and even if there is no other object in evolution than the preparation of a material basis for the reception of spirit, that is an astounding purpose in itself. If the reality of purpose is accepted as to all things, and we believe that man is the present most important manifestation of that purpose, the scientific belief that man's body and the mechanism of his brain are material may be prefectly sound. Atoms and molecules in living creatures do marvelous things and build wonderful mechanisms, but such machines are useless unless intelligence sets them in objective motion. There is the directive intelligence which science does not explain, nor does science dare say it is material. The question is asked if intelligence is an illusion.

(3) Evolution must, by every law of Chemistry and Physics, confine its ultimates to the greatest possible fitness to environment, it can go no further. Matter as atoms, rocks or water may combine and if given life, may envolve into a man; but can these elements, go further and produce a genius—say a musician, artist or a mathematician ?

(4) It is granted that in every cell, male and female, are chromosomes and genes. Chromosomes form the darkend nucleus which contains the genes. The genes are the main deciding factor as to what every living thing or human being shall be. The protoplasm is the extraordinary chemical combination which surround them both. The genes are so infinitesimal that if all of them which are responsible for all the human beings on earth to-day, with their

*A. Cressy Morrison, Ex-President New York Academy of Sciences, "Man does not stand alone".

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individuality, psychology, colour, and race could be collected and put in one place, there would be less than a thimbleful (the thimble is the metal cover used by tailors, when stitching). These ultra-microscopic genes are the absolute key to all human, animal and vegetable characteristic. These facts are beyond question. But the question is asked, do these genes and cytoplasms lock up all the normal heredity of a multitude of—ancestors and preserve the psychology of each in a tiny space ? What is locked up ? A book of instructions ? An array of atoms ? Or is everything left to chance, the embriyo recapitulating in its progressive development from protoplasm to racial identity indicates recorded history retained and expressed by atomic arrangements in genes and cytoplasm. Evolution usually requires long periods of time for any change to be established. It is a process designed to bring about the survival and identity of the race. Its perfection will be the advent of spirit. It has been devised by the supreme intelligence and he will not intervene or hasten it because men does not understand or is impatient. Chance and accident thus have little part in evolution except in bi-parental differences, which are limited to the then inheritable variations.

(5) Genes are part of the sex cells, but sex cells do not take part in general body building, but are segregated and do not participate in any of the less important activities of living things. These cells preserve the complete identity of the race. They seem not to be influenced by the behaviour of the parent, except that bad character, disease, or accident may give them very poor materials to work with. A strong pair may have strong children, but this is because there were strong ancestors. Parents may give a child a physical temple to live in or a sewer, which is no place for an immortal soul. Parenthood is man's greater responsibility.

(6) The evolutionists did not know about genes and are left standing where evolution really begins, at the cell, the entity which holds carries the genes. How a few million atoms locked up as an ultra microscopic gene can absolutely rule all life on earth is still one of the greatest marvels of the science.

(7) Matter as such, is purpose less, there is no objective even in its obedience to law, but in all organised matter, life has a definite project—to build a tree, a vine, an elephant or a man, in strict accordance with an established design determined by the genes.

(8) Life compels procreation, that the race may be preserved. an impulse so strong that every creature makes its greatest sacrifice for this purpose. This compelling force is not found where life is absent. Whence do these masterful impulse arise, and having arisen, why do they persist for millions of years ? It is a law of animate nature, as potent as those governing chemical combinations. It comes from above.

(9) Law governs the atomic arrangement in the genes, which absolutely determine every genus of life from beginning to extinction. Haeckel said "Give me air, water, chemicals and time and I will create a man". He left out the genes and life itself. He would

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have to find and arrange the invisible atoms and genes, and give them life. Even then his chance would be millions to one that he would develop an unheard of monster. If he did succeed, he would declare it was no accident but the result of his intelligence.

It will be seen from the foregoing that while the vitalist accepts the version of the Biologist, upto a point he makes a strong *prima facie* in favour of an intelligence which is necessary for the consumation of the matter mind correlation and the determination of the individual peculiarities of animals understood and described as temperament or personality.

The fact that not only, the reproductive elements (Cells) of the parents, and their states—physical and functional – but also the pre-natal states of the mother has much to do in the determination of the temperament or personality factor of the fœtus in utero has been stated as an axiomatic truth in Ayurveda.

Says *Vagbhata* :

उपचारः प्रियहितैर्भर्त्रा भृत्यैश्च गर्भधृक् ।
नवनीतघृत क्षीरैः सदाचैनामुपा चरेत् ॥

(Ash. Hri. Sarira 1, 43).

In order that the pregnant woman may go through pregnancy safely and bear the strain of pregnancy, her husband and Nurses (servants) should nurse and serve her with affection and beneficial measures. She should be nourished adequately with butter, ghee and milk".

The Acharya then proceeds to lay down the various factors to be strictly avoided in the following aphorism :

अति व्यवायमायासं भारं प्रावरणं गुरु ।
अकाल जागरस्वप्नं कठिनोत्कटकासनम् ॥
शोक क्रोध भयोद्वेग श्रद्धा वेग विधारणम् ।
उपवासाध्व तीक्ष्णोष्ण गुरुविष्टम्भि भोजनम् ॥
रक्तं निवसनं श्वभ्र कूपेक्षां मद्यमामिषम् ।
उत्तानशयनं यच्चस्त्रियो नेच्छन्ति तत्त्यजेत् ॥
तथारक्तस्रुतिं शुद्धि बस्तिं मासतोऽष्टमात् ।
एभिर्गर्भः स्रवेदामः कुक्षौ शुष्येन्म्रियेत वा ॥

(Ash. Hri. Sarira 1, 44, 47).

"The following are contra-indicated in Pregnancy :

Over indulgence in sexual acts, physical exercise, acts resulting in exhaustion, carrying heavy loads, covering with thick blankets or wearing heavy apparels, keeping awake during nights or sleeping in day time, sitting on hard seats or huddled up, grief, anxieties and worries, fright, anger, apprehension, willfull suppres-

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sion of the natural urges (defaecation – micturition etc.) suppression of desires (or cravings), fasting (or starvation), walking long distances, the consumption of articles of diet which are sharp and hot in potency and which are capable of binding the bowels (constipating), suppress—micturition, living alone in isolation, looking into deep wells and pits, indulgence in alcoholic drinks, ingestion of flesh and lying on the back. Pregnant women should also avoid factors which the more experienced women have found to be harmful. In addition, such measures as venesection (blood-letting), the administration of emitics and purgatives and such other radical therapeutic measures should be avoided (as far as possible ? Till the eighth month of pregnancy, in order to avoid abortions and miscarriages, mummification or the death of the fœtus in the womb. It must be noted here that factors which increase (or vitiate) *Vaata* may contribute to malformations or deformities such as hunch-back in the foetus and make it blind (or affect its vision) and lethargic and produce dwarfism; the vitiation of *Pitha* may contribute to alopacia, and yellow pigmentation of the skin of the foetus and if *Kapha* is vitiated (increased) then it may result in leucoderma or a white pallour of the skin."

The importance of the foregoing observations of the Acharya in respect of the influence of pre-natal vissicitues of the parent in determining the physical make up and mental outlook of the child unborn will become emphasised in view of some of the recent-developments in the field of the infant science, Psychosomatic Medicine* as may be seen from the following observations of Dr. Flanders Dunbar, of the Columbia University College of Physicians and Surgeons.

The authority observes : "The creation of sound mind begins at the same time as the creation of a sound body. Of course there are hereditary factors which go back perhaps as far as mankind but these are a little outside our scope. Almost from the moment of conception, and in a way even before that, the factors in which psychosomatic medicine has a special interest are present.

As yet no one knows very much about the effect upon the child of the mother's mental and emotional experiences during pregancy.....We are swinging back now to a realisation *that there is such a thing as pre-natal influence and we must set ourselves the task of finding out what it is.*

Enough is known to prove that both physical and mental characteristics depend to some degree upon experiences in the pre-

*Charaka has laid down the basis of Psycho-somatic Medicine in the following aphorison :

समग्रं दुःखमायत्तम विज्ञाने द्वयाश्रयम् ।
सुखं समग्रं विज्ञाने विमले च प्रतिंष्ठितम् ॥ Charaka Sutra 30, 48

"All suffering, having its resort in the body as well as in the mind has for its basis ignorance; while happiness has its foundation in pure scientific knowledge".

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natal period. For instance, the embriyo is sensitive to sound. Loud unexpected noises cause the unborn heart to beat faster and it is even possible to set up a conditional reflex based on a particular kind of racket. Repeated disturbances of this kind use up energy which might go into building body and nerve tissue.

There is also good reason to believe that if the mother is subjected to severe emotional strain during pregnancy, it may have an effect on the unborn child. This may be in part because of a change of nourishment due to chemical reaction; it may be in the transmission of more subtle influences between mother and child.

However, pending a good deal more* research in the field of human reproduction, we may take it that birth is where a beginning should be made in building a sound mind and sound body. We may assume that the basic material has emerged from vicissitudes of heredity and pregnancy."

Scientific researches in Biology, Psychology and Psychiatry are gradually clearing the mist hiding the factors which contribute to the formation of temperament or personality and as the facts presented above will show, these researches appear to confirm step by step the conclusions advanced by the ancient Acharyas paraphrase and aphorismic style, in this as in other aspects of our knowledge of life, life process and the living state.

A Short Introductory Note on Saranga-dhara & His Compilation

By

D. NARAYANA ROW, TRANSLATOR.

Guntur, Madras.

Acharya Sarangadhara hails from a Brahmin family of scholars whose grand father was a Royal preceptor. He is said to have flourished during the 14th century A. D. about the year 1363. But Macdonnel believes that Sarangadhara cannot have written his Samhita later than 1200 A. D., mentioning a commentary on it by one, Vopadeva by name, dating about 1300 A. D. However, evidence is more in favour to place him in the 14th century and not in the earlier.

As besides this medical work, he is the author of a voluminous miscellaney dealing with other topics called Paddhati being a poetical anthology. Damodara is the name of his father and Raghavadwa is that of his grand father who was highly esteemed by Raja Hammirao the Chauhan. According to tod (Annals of Rajasthan) after the sack of Chittoor by Alladin in AD 1303 Mewar was occupied by the garrisons of Delhi. But Hammira feavered his

*Dr. Flanders Dunbor, "Psychosomatic Medicine", pp. 304.

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ancestral, throne and during his prosperous rule of 64 years (1301—1365) and that of his successors arts and literature found liberal patrons. That the Court of Hammira attracted another distinguished physician Sangata Simha by name (probably a buddhist) may be influed from the following colophon.

"एषा संगतसिंहनामभिषजा लोके प्रकाशीकृता हम्मीराय महीभुजे....."

The writer emphatically asserts that the remedies mentioned in his treatise are chiefly nothing but those famous ones that have been expounded by Ancient Sages (Charaka, Susruta, Vagbhata etc.) and which have stood the test of experience of physicians. He also says that his treatise is an abridged one, embodying the results of personal observations and experiences and that he had compiled for the benefit of all mankinds in a manner that could gain the appreciation of scholars of the Science of Life.

The scheme of the treatise differs from the earlier ones and is really simple and beautiful which deserves a mention here as Purvakhanda is not published. The whole compilation is divided into three divisions, viz. (1) Purvakhandam (the fore division), (2) Madhyamakhandam (the central division) and (3) Uttara-khandam (the hind division), each consisting of several chapters.

Purvakhandam consists of seven chapters as follows :—

The first chapter deals with weights and measures concerning medicines and some general instructions.

The second chapter treats of the various times of taking medicines.

The third describes the pulse and its diagnostic features and the prognostic value of dreams etc.

The fourth gives the definitions of certain technical (medical) terms as Dipana, Pachana etc.

The fifth teaches anatomy of the human organism.

The sixth talks of the metabolic processes, etc. and the seventh gives a list of diseases with their kinds.

Madhyamakhandam comprises of 12 chapters.

In the first chapter are described the various methods of expressing juices from vegetables.

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(1) प्रसिद्धयोगा मुनिभिः प्रयुक्ता श्चिकित्सकैर्यैबहूशोटनुयुताः ।
विधोयतेशग्रन्थधरेणतेषां सुसंग्रहः सज्जन रञ्जनाय ॥ 2. 1 Chap. Purva.

(2) प्रयोगातागम सिद्धातप्रत्यक्षादनुमानतः
सर्वलोकहितार्थाय वक्ष्याम्यनतिविस्तरात ॥ 6. 1 Chap. Purva.

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In the second, various decoctions and their uses in diseases are dealt with.

In the third, infusions (phanta) are given.

In the fourth, cold infusions are mentioned.

In the fifth, medicinal pastes are described.

In the sixth, powders; in the seventh, pills and boluses; in the eighth, tinctures ; in the ninth, medicinal ghees are spoken. In the tenth, products of acetous, fermentations ; in the eleventh, the processes of purification of mineral products and their preparations; and in the last, about mercury and its preparations are dealt with.

Uttarakhandam consists of 13 chapters of which : —

The first gives instructions on the drinking of medicinal oils.

The second gives the various methods of inducing perspiration.

The third describes about emetics.

The fourth deals with purgatives.

The fifth talks about enemata (Anuvasana)

The sixth mentions enemata of Niruha kind.

The seventh describes urethral irrigation while the eighth deals with errhines and the ninth about inhalations.

The tenth speaks about gargles and the eleventh about plasters. The twelvth deals with blood-letting and the last with Ophthalmology.

Thus the whole text consists of 32 chapters embodying 2000 verses.

A perusal over the synopsis, given supra, gives one an immediate idea that the book is in reality an authentic eptome of Ayurvedic Literature dealing both with the Science and Art of Ayurveda enclosing it on almost every side (medical, surgical and pharmaceutical) basing upon Ayurveda on the one hand and the Tantrik chemical treatises on the other.

The merit and the high value of this compilation were no doubt recognised long ago by eminent medical schools and as a result commentaries on this were advanced by some of them. As many as three commentaries exist on this now' viz. Dipka, Gudhartha dipka and Ayurveda Dipka composed by Adhamalla, Kasirama-Pandita and Rudrabhatta respectively. Nothing is known to me about Vopadeva's commentary about which Macdonnel speaks. The first two seem to differ here and there in their interpretations, while the third almost coincides with the first.

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In the present translation, Adhamalla's Dipka has been followed and at places where Kasirama Pandita differred, a note has been given with reference to the same under foot notes.

In conclusion a word of apology is required in drawing the attention of the readers to the fact that this translation is almost a free one, yet within limits, but without a strict adherance to the sense of every word of the Sanskrit text. No doubt, more care has been taken to bring out tc subject matter than to the literary aspect of the language, as in many places many words occur that have been used simply to fill up the metres of the verses. In certain places, the voice of the verbs in the Sauskrit text have even changed in the translation for a clearer exposition.

I have here and there added espacially in Uttara Khanda extra notes, notes in brief, under additional text from my experiences and from other Compilations as Charak Susruta, Vagbhata etc. So as to give to some extent the neccessary information regarding the topics dealt with which may be found to be superfluous.

I shall now take the pleasant occasion of expressing my deep debt of gratitude and reverence to my Guru Dr. A. Lakshmipathi, B. A., M B, C.M , Bhisag Ratna, Madras, to whom I had the privilege of being the personal assistant for some time and with whose inspiration only this and many other literary works have been undertaken by me, though conscious of my impropriety and imperfectedness for the execuiton of such purposes.

I shall be failing in duty if I will not express my indebtedness to my friends, Ayurvedacharya. J.V. Sarma. A M A C., of the Govt. Indian Medical School, Madras for his kind suggestions and help during the course of my translation on many an occasion and Dr.P. Sreenivasachari, M A , PH. D. (Lond.), (now the Director of Archeology-Government of Hyderabad Deccan) who with his natural spirit of research and enpuiry into culture all that is oriental and indigenous, encouraged me all through at every step of progress, not only in this but also in my other medical compilations in Telugu language on Prasuti Tantra etc.

Above all, my thanks are due to the Editors of the Journal of Ayurveda, Calcutta, for the kind task they have undertaken to publish this translation in the pages of their esteemed journal.

I now take the opportunity of reminding the readers of the Journal of Ayurveda that in 1938 the then editors of the Journal of Ayurveda then published from Calcutta under took the publication of this translation of Madhyama khanda. But unfortunately after the appearance of the first two Chapters in the pages of the Journal, the Journal had to be stopped due to certain circumstances as a result of which, some how, the manuscripts of the translation disappeared and could not be tracted in the office and lost for ever.

But now induced by my friend Kaviraj A. Mazumdar the present managing editor of the Journal of Ayurveda now coming

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from New Delhi, I ventured again to continue the same after a lapse of twelve years. Hence from the third chapter the publication is begun.

My thanks are due to the present Editorial Board of the Journal of Ayurveda for its coming forward to continue the publication again.

I shall be lacking in duty at last if I will not welcome kind and friendly criticism and suggestions from the readers to whom it is my humble request to communicate to me so that I may be able to make a rectification of such errors, if any, in the succeeding pages before they will be given for publication.

QUESTIONS AND ANSWERS

By

Dr. R. S. Aggarwal, *Daryaganj, Delhi.*

Q I am myopic and a variocious reader. My main trouble is headache, pain in the eyeballs and ever growing number of glasses. What do you advise ?

A— Most of the Myopic patients can very well read and write without glasses It is the distant sight which is defective and not the near sight. It is a mistake to use the glasses in near work. So it is better to avoid glasses in reading. Hold the book at a distance from where it is seen best. The distance is immaterial.

Every morning face the sun with the eyes closed for about five minutes, preferably after the application of Resolvent 200 which is available from Dr. Aggarwal's eye Institute, Delhi. After facing the sun wash the eyes with cold water and practise palming for about five minutes. (By palming is meant to close the eyes and cover them with the palms without any pressure on the eyeballs). After palming read the photographic type reduction with gentle blinking. Practise palming three or four times a day. For detailed instructions study 'Prevention and Cure of Myopia without glasses.'

Q. 2 - What should I eat to improve the eyesight ?

A—It is not necessary that a person taking unbalanced diet should suffer from defective eyesight, or that a person taking good nourshing and balanced diet should not suffer from defective eyesight; because the cause of defective eyesight is strain or an effort to see and not diet. Many persons having a good diet suffer from high errors of refraction, while many persons having an unbalanced diet, weak and unhealthy have good eyesight. But it does not mean that one should avoid the rules of diet. One should know himself what suits best to his particular system and then stick to that.

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Q. 3.—I suffer from formation of cataract. Can I be cured by your system ?

A—Many persons in the early stage of cataract can be benefited but if the cataract is in the ripening stage, it needs operation. My system is a synthetic system and I believe in operations also.

Q. 4.—When I go up or come down in a lift I get heaviness in the head and sometimes even dizziness ? What is your advice ?

A—When you move about in a lift look at the operator. Things will appear to glide in the opposite direction but pay no attention to them.

Notes & News

Saurashtra Vaidya Sabha Rajkot

Govt. of Saurashtra Union have appointed Vaidyaraj Vasudev M. Dvivedi of Dhrangadhra as the Director of Ayurvedic Medical Services Saurashtra State from July 1st 1941 Vaidyaraj Vasudev Dvivedi is an old scholar of Ayurveda and has written many essays on रसशास्त्र and चिकित्सा.

He has collabourated with Dr. Pranjivan Nath in translating चरकसंहिता.

American Association of History of Medicine, New York, U.S.A.

Vaidya D. Narain Row, Associate Editor of the Journal of Ayurveda has been nominated as member of the American Association of History of Medicine.

This association previously nominated Dr. D. V. Subbareddi Principal, Medical College, Guntur and this is the second time that the Association has nominated Dr. Row for his contribution in the history of medicine.

Formation of an Association. The Research in History of Medicine

Some medical men interested in the advancement of the cultivation of Research in the History of Medicine chiefly Ayurveda for the first time met on 16th of July at Guntur, in the premises of Dr. D. V. Subhareddi, Principal, Medical College and formed into an association named after Nagarjuna Viz Nagarjuna Research Club of the History of Medicine" The following have been elected for the office :—

President— Dr. D. V. Subbareddi, Principal Medical College, Guntur.

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Vice President—Dr. M. Visweswara Sastri, Head of the Research Department College of Indian Medicine, Madras.

Secretary—D. Narayana Rew, Arundelpet, Guntur.

Dr. V. Sankara Sastri—Muktyala Editor of the Bulletin of the Club (to be issued every month).

It was resolved to organise a museum of objects of Historical interest and importance regarding Indian systems of medicine and a Library of published and unpublished medical books etc.

Interested gentlemen are requested to correspond with the Secretary to his address at Gunter (S. India).

———

Leter to the Editor

NECESSARY INCLUSION FOR CONGRESS MANIFESTO

Necessary inclusion of development schemes for indigenous systems of medicine in Congress election manifesto

TO,

THE HON. PRESIDENT A.I.C.C. DELHI

Vaidyas and Hakims have given material assistance in the struggle for indian Independence. Now when India is independent, they are dreaming for the development of country's systems of medicine. As India requires today cereals and cloth of her own production and development of her own cottage industries, so she also requires cheap and easily available natural medicines produced on her own soil. Lacs of Vaidyas and Hakims, inhabited in each and every village and town of the country, are anxious to get full support from the Central Govt. for the advancement of the indigenous systems of medicine.

Resolution of the 1920 Nagpur Congress Session regarding development of indigenous systems of medicine

AYURVEDA AND UNANI MEDICAL SYSTEMS

"This congress is of opinion that, having regard to the wide prevalance and generally accepted utility of Ayurvedic and Unani systems of medicine in India, earnest and definite efforts should be made by the people of this couutry to further popularise these systems by establishing schools, colleges and hospitals for instruction and treatment in accordance with the Indigenous systems".

The Nagpur session of Congress had passed this resolution in recognition of the great utility of the indigenous systems of medicine for India. Consequently Vaidyas and Hakims all over India wholeheartedly added to the strength of the congress, by giving her their full fledged support in the struggle for independence.

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During the Congress rule, the policy of the Central Govt. has not at all been encouraging towards the advancement of these Indigenous systems of medicine.

Therefore to keep up courage and restore confidence in the congress-well wisher Vaidyas and Hakims and *to implement the recommendations of the Chopra committee*, it is essential that the Indian National Congress reclaim her past pledges towards the indigenous systems of medicines in the forth-coming election manifesto.

Bhavya Aushdhalaya,
Budhana Gate, Meerut.

Daya Nidhi Sharma Ayurvedacharya
General Secretary,
U. P. Vaidya Sammelan, Meerut.

RASHTRAPATI AT HYDERABAD GOVERNMENT AYURVEDIC COLLEGE

During his recent visit to Hyderabad, Rashtrapati Dr. Rajendra Prasad inspected the Government Ayurvedic Hospital accompanied by Shri Phool Chand Gandhi, Health Minister of Hyderabad State. At the main Gate Shri Gandhi introduced Shri Kaviraj Purushottam Deva Multani, Medical Officer of the hospital, to the Rashtrapati. After garlanding the Rashtrapati Shri Multani Ji took him round the hospital and showed him the female ward and other departments of the hospital and Rashtrapati expressed his great pleasure and satisfaction over the working of the institution —the only one of this type in the State. It is encouraging to learn that the State Government is going to open two more such hospitals and 52 grant-in-aid dispensaries during the year. Rs. 5 laks have been provided in the budget for this purpose and the credit for this development in the Ayurveda in the State is due to Shri Phool Chand Gandhi, Health Minister.

Review of Books

1. Correlative Neuroanatomy (5th edition)

By

JOSEPH J. McDONALD M.S., M.SC.D., M D., JOSEPH G. CHUSID, A.B.,M.D., JACK LANGE, M.S., M.D.,

Pp. 180, 70 Illustratians.

can be had from:—

The Kothari Book Depot, King Edward Road, Parel Bombay-12

The author, no doubt has done well in this short synopsis of 170 pages in correlating the Anatomy and Physiology with the

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clinical signs and manifestations in various syndromes diseases of the cultural nervous system.

The contents of the book are well classified. The description is lucid, well illustrated by sketches deleting all the unnecessary verbiology though at the expense of rendering the reading difficult and boring.

The book is primarily meant for the undergraduates for revision but it can be handy to the busy practitioner who can ill afford for going through the most exhaustively dealt book.

२. भाष्यम् ।

Its a pamphlet where the author, Prof. Daroga Prasad Misra has based himself on the writings of ancient authorities such as Charak, Sushrut and Vagbhatt in his treatment of the Tridosh theory of the Ayurveda. The book will certainly prove very useful to those who practice medicine on Ayurvedic lines.

३. परिचय: ।

This book comprises of three chapters. The various apparatuses have been defined and illustrated very ably in the first chapter.

The second chapter contains vivid description and diagrams of the various instruments in vogue in ancient India. Similarly the third chapter is devoted to an illustrated treatment of both the apparatuses and instruments of second any importance. It is a useful manual both for the teachers and the taught. It is indispensable for the students of Ayurvedic surgery.

Sulphona Guide Padhiti

By

SAHITYACHARYA KAVIRAJ DEVAKI NANDAN SHARMA SAHITYALANKAR, AYURVEDACHARYA B. A. *Prabhakar*;

Publishers—Shailendu Pustakalaya,

57/113 Kandele Kashan, Fathepuri, Delhi.

Price Rs. 3-8-0

The book deals in Hindi with the high class medicines of the Allopathic Science and gives their descriptions. The Allopathist believes that none but they can know their medicines or one not knowing English has only capacity to understand them. This book refutes such assertions.

The learned writer has briefly dealt with the theory of germs and has ably shown the effects of the sulpha medicines on the body in comparison of these germs. The book has been prepared with the help of a large number of English books on the subject.

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While highly appreciating the effort of the writer we strongly recommend to the Ayurveda Pandits to give these medicines their own shape.

It is to be noted that according to the Government laws no one can use these medicines who is not allopath. We think, this is detrimental to the interest of the medical science. This book is an open challange to the Government policy. We heartily welcome this enterprise and strongly recommend to the Ayurveda lovers.

All-India Ayurvedic Congress News

PRESIDENTIAL ADDRESS

delivered by

VAIDYA RATNA PANDIT SHIV SHARMA

Ayurvedacharya, Ayurveda Brihaspati (D. Sc. A.)

at a

SPECIAL SESSION, GHAZIABAD-DELHI.

(*Continued from last issue*)

These instances are endless, but there is no need to multiply them further. All I wanted to make clear was that the modern science itself is in the melting pot. Its isolated achievements are certainly very great. In the field of surgery the advances are phenomenal. Ayurveda cannot but respect these advances and assimilate them and make full use of them. We should justify the compliment that Kieth paid us, "India has a strange genius for converting what it borrows and assimilating it." But we must also realise the limitations of modern medicine. We are fully conversant with the *doshic* aspect of our drug actions; but the modern medicine prescribes empirically a legion of drugs like colchicin, penicillin and streptomycin, without the knowledge of the mechanisms by which they produce their results. Describing the mode of action of proguanil Robson and Keele have to depend on phrases like "it can *somehow* be modified in the body.....anti-malarial action *in some way* involves interference with a process essential to the parasite." Referring to androgens they remark, "The mode of action is by no means clear.....The mode of action of oestrogens is even more obscure.....The mode of action of urethane is not really known." And so on, *ad infinitum.*

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I am afraid the emphasis laid by me on his point has been out of proportion to the importance of the subject. But the vaidyas who rush in to torture Ayurvedic concepts to fit allopathy, the health minister and some other supporters of allopathy, too, do not lay any less stress on the 'scientific' and 'non-empirical' prescription of allopathic drugs. It was high time that somebody called the bluff.

(B) Alternative Theories in Ayurveda

We ourselves have alternative theories which need not necessarily be co-ordinated or synthesised. Thus we can explain the entire set of mental emotions on the basis of *tridosha*. Alternately, we can explain them exclusively from the *tamasic*, *rajasic* and *satvic* points of view. We have never tried to co-ordinate *Sankhya* with *Vedanta*, or *Nyaya* with *Yoga*. The *Yadrichchha-vada*, or the theory of chance creation is suggested by Charaka side by side with the *Ishwar-sankalpa* theory which is reflected in Sir James Jeans, hypothesis that the universe is merely a thought in the mind of the Great Mathematician.

(C) Diversity of Truth

That brings us to the question whether truth is one or manifold. The foregoing discussions have already pointed out the answer already recorded at the beginning of this address, in the words of Dr. Kenneth Walker. Any set of concepts is true enough for purposes of science if its consistency and utility can be maintained. *Nyaya*, *Sankhya*, *Vedanta*, Ayurveda, allopathy, homoeopathy, Nature Cure, all constitute truths in their own spheres for those who are learned. "It must be remembered", says Sullivan, "that what scientific men mean by truth is, in the last resort, convenience. Scientific men are pragmatists in practice, whatever they may think they are in theory."

(D) Pro-Ayurvedic Shifts in Allopathic Outlook

There are definite signs that allopathy is developing an outlook strikingly similar to that of Ayurveda. Some of the works of contemporary pioneers in the field of medicine and surgery, like Alexis Carrel and Kenneth Walker, e.g., *Man, the Unknown*, *Diagnosis of Man, Meaning and purpose*, *A Doctor Digresses*, appear to be far more akin to Ayurveda than to allopathy. Says Alexis Carrel.

> "The progress of medicine will not come from the construction of larger and better hospitals, of larger and better factories for pharmaceutical products, it depends entirely on imagination, on observation of the sick, on meditation and experimentation in the silence of the laboratory. And finally, on the unveiling, beyond the proscenium of chemical structures, of the organismal and mental mysteries."

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In another context he says, "Mathematics, physics and chemistry are indispensable but not basic sciences in the researches covering living organisms". His suggestion of creating "an ascetic and mystic minority" to guide "the dissolute and degraded majority" is entirely an ancient Indian conception. A modern will go to extreme lengths of search for a pedigreed mate for his dog or his horse, but he will place himself far below these animals and throw himself away into a life long marital alliance without any consideration of the "pedigree" of his mate. Carrel's approach to this important question of eugenics is typically Indian in its disciplinary aspect :

> "Indeed, love is supposed to blow as freely as the wind. But the belief in this peculiarity of love is shaken by the fact that many young men fall in love only with rich girls and *vice versa*. If love is capable of listening to money, it may also submit to a consideration as practical as that of health."

These authors have gone so far as to envisage the classifications of the humans on constitutional basis, a typically Ayurvedic concept. They have disapproved of over-specialisation as 'knowing more and more about less and less.' "In order to be of *service*, our knowledge must be synthetic and concise.....When a specialist from the beginning of his career, confines himself to a minute part of the body, his knowledge of the rest is so rudimentary that he is incapable of thoroughly understanding even that part in which he specialises." Compare it with the generality and extreme utility of the truly synthetic *tridoshic* approach. In the words of His Majesty's surgeon, Dr. Kenneth Walker, Hunterian Professor of the Royal College of Surgeons. "Now that India has obtained complete independence.....she has much to give us out of her store of ancient learning." (*A Doctor Digresses* : Jonachan Cape : 1950).

No Catering to Personal Fads

Even if we succeed in appeasing the present group in power by presenting Ayurveda in allopathic grab, there is no guarantee that a different group with a different outlook shall not come into power and shall not demand a reversal of Ayurveda into its own shape to suit Indian constitution, habits, dietary and environments. It is a patent fact that had Sir R. N. Chopra been the Director General instead of the former secretary of the Bhore Committee, Dr. Raja, the Reversal Committee would never have been created to reverse the decisions of the Chopra Committee; the Chopra Committee Report would not have been shelved so unceremoniously ; and the secret unilateral war would not have been conducted against it by resorting to coercion and propaganda through confidential official directives. On the other hand the recommendations would have been put into practice and indeed, we would have gone some way ahead with the task which we are still planning to under

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take. Definitely the government policy on Ayurveda is not based on the merits of the case but on the whims of the Director General and the Health Minister. We cannot go on shifting the grounds of a science to cater to internationalism today and nationalism tomorrow.

Doshas : Alien to Allopathy

The all pervading and comprehensive nature of the *doshas* is a factor entirely alien to allopathy. There is no unit of living protoplasm, however small, where all the three *doshas* are not jointly present, whatever may be the difference in their proportions. This holds true of both the animal and the vegetable kingdoms. This is how the chapter on *Vrikshayurveda* describes the *doshaic* nature of the plants in *Shri Shiva-Tatva-Ratnakara.*

नराणामिव वृक्षाणां वातपित्तकफाः गदाः ।
संभवन्ति यतस्तस्मात्कुर्य्यात्तदोषनाशनम् ॥
कृशो दीर्घो लघू रूक्षो निद्राहीनोऽल्पचेचनः ।
न धत्ते फलपुष्पाणि वातप्रकृतिकस्तरुः ॥
आतपाऽसहनः पाण्डुश्शाखाहीनो मुहुर्यदि ।
अकालपाकः स्याच्छाखी स तु पित्तात्मकः कृशः ॥
सिद्धान्तशाखादलश्शाखी सम्यक् पुष्पफलोज्ज्वलः ।
लतापरीतगात्रस्तु कफवान परिमण्डलः ॥

"The (health and) diseases among plants, as in human beings, are based on the (normality and the) abnormality of (the functions of) *vayu, pitta* and *kapha.* Therefore, the *doshaic* abnormalities should be removed. Whether tall or short, when a tree exhibits the characteristics of leanness, dryness, sleeplessness and subnormal sensibility, and is defficient in bearing flowers and fruit, its constitution is *vatic.* Again, if a plant cannot tolerate the heat of the sun, is pale, defficient in branches, prone to ripen before time, it is *paittic* in nature. A plant which has fully developed and heavy stem and branches, is resplendent with flowers and fruit, and is round and covered with creepers is of *kaphaic* constitution".

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The psycho-physico-physiological organismal phenomena complex of *tridosha* governs the physical universe in its relation to the and the physical and mental conditions in animals and plant bolif in health and in disease. Only stray bits of the *tridoshic* superstructure, therefore, can fit certain portions of the general body of allopathy. The total fitting in of the two pictures shall remain an impossible task till such period as the direction of the effort is reversed and the useful portions of allopathy are absorbed into the larger and more comprehensive body of *tridosha*. I will shortly clarify this point further.

I have defined the *tridoshic* concept as a psycho-physico-physiological organismal phenomena complex. Let an example clarify this definition. Under the term '*pitta*' we cover a multitude of physical, physiological and psychical phenomena in relation to the living organism such as sunshine, fire, light, secretions of the thryoid and the adrenal glands, certain digestive juices (which strictly speaking, are *triodshic*, i e., consisting of all the three *doshas*, but are dominantly *paittic*) anger, wrath, bravery, etc. As such, *pitta* cannot become a subject of investigation on the lines of allopathic queries like. Is it this juice or that secretion? Is it a pathological or a physiological concept? Is It matter or enegry? Is it one element in the body and another in the universe? Is it seat in the body as *paittic* enzymes or in the mind as *paittic* emotions ? Is it confined tc animals only or does it extend to plants also ? Does it consist of two different textures in these two different categories ? Such queries appear to be at par with questions like. Is man body or mind? Is ghee solid or liquid? Or, to go to the story of Jalal-ud-Din Rumi, Is an elephant an ear, or a tusk, or a leg, or a tail?

Tridosha, like life, is a synthetic stuff. If you took a living being and started dismembering it on your table to isolate life, the life shall disappear; just as a child would ruin the ticking of the watch if he removed its parts to have a look at the ticking itself. *Tridosha*, to be understood, must be viewed as a synthetic concept.

It shall do us immense good to view our problemes in their correct perspective. That will result in a considerable saving of our time, energy and money. Only what is feasible should be attempted. People pray to God for rain, but if the current fails at midnight, nobody prays to God to cause the sun to rise till the return of the current. If you were asked to divide into two groups to debate as to whether the egg came first or the chicken, you would refuse to do so for the simple reason that after debating for a million years you will be standing exactly where you started the debate. Some, if not all, aspects of these efforts belong, at least partially, to this category, and I am making no overstatement when I say that if the main bulk of our effort is not diverted to a more fruitfull channel, a

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million years shall find us still debating these questions and still no nearer our objective than we are today.

Two Basic Factors

It is imperative for all us, including the government and the allopathic profession, to realise two basic truths: firstly, that the Ayurvedic concepts cannot *as yet* be *completely* interpreted in terms of allopathy; and, secondly, a synthesis of the two systems in order to unite in one homogeneous whole the achievements of both the east and the west is possible *only if* an attempt is made to absorb allopothy in the superstructure of Ayurveda; for, allopathy as taught and practised at present has too limited an outlook to accommodate the considerably more broad based principles of Ayurveda. The vaidyas ignoring the former and the government ignoring the latter factor, having expanded a considerable amount of energy in their thankless pursuit should by this time find it easy to realise in which direction the chance of success lies.

Reproduced below are two extracts, one from my memorandum to the Health Panel of the Planning Commission and the other from my recent address to the Bombay State Ayurvedic Conferene. The former illustrates the soundness of an independent approach to Ayurveda as against the allopathic approach, and the latter shows clearly that if the synthesis is to take place, there is no other way except the one shown abave.

To be continued

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जीवेम शरदः शतम्
(शुक्ल यजुर्वेद ३६।२४)
मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

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EDITORIAL

THE PANDIT COMMITTEE REPORT
II
"The Swan that is Only A Goose !!"

(Continued from last issue)

Ayurveda states that '*Garbhavakranti*' (formation of the embryo of foetus), starts with the *Shukra-shonita-samyoga*, and fortunately, the embryo of all higher mammals is proved by modern scientific methods to do likewise, that is, as a fertilized cell. Ayurveda describes this '*Garbha*' as being born of the father, (*pitrajascha*) of the mother, (*matrajascha*), of the food (and environment) of the mother during pregnancy (*rasajascha*), of certain specific conditions peculiar to each kind of embryo (*satmyajascha*), and, [and this is beyond the pale of modern scienees at least for the time,] this *Garbha* is born with his own inherent qualities born of the deeds of past births, (*Atmajascha:*) Ayurveda also recognises that processes of differentiation, specialisation and synthesis must be necessary to change the embryo into the child. It states that *Vaata* brings on the differentiation (*Shareera-vyooha-kara*), that the chemical changes of disintegration which generate the heat and maintain the optimum temperature are brought about by *Pitta*, and that the processes of synthesis are brought about by *Kapha*. No elaborate proofs need be offered for this statement for it is categorically stated that the "*Vaata-Pitta-Kapha* alone are the agencies in the formation of the body" (वात पित्त श्लेष्माण एवं देहसंभवहेतवः ।) [That an unfortunate wrangling goes on about whether *Vaata-Pitta-Kapha* are the secretions of the digestive or other glands of the human adult, or whether they are mixtures of some gross substances like Oxygen or Carbon-dioxide, must be admitted, but then the short-sightedness of some authors or workers has held up progress of knowledge for many centuries even in western countries !] For any proof of the above contentions we have to enter the laboratories of the Bio-chemist; What do we find ? We find that the bio-chemist has noted

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'a uniformity in the essential chemistry of the tissues of organisms as distinct as cats and cabbages, or mushrooms and millipedes': But he has to recognise the presence of a *mechanism of control* of the behaviour of individual cells, about which he can say very little yet that 'can lift the veil'. In his quest of knowledge the biochemist uses the methods of arresting the chemical reactions at particular stages, of making known isotoptes take part in them, or studying organs as a whole. The difficulty of stopping the reactions at the correct stages, the technical difficulty of using the isotopes, and the complexity of the processes inside an organ making a chemical interpretation extremely difficult, have, respectively, restricted the use of the methods in practice. So far as the processes of growth—'the vast amount of synthesis which goes on', which must go on, and which has still to be studied,—he cannot expect to say why a 'human infant takes six months to double his weight after birth: a calf, inspite of his much greater size, being able to do the job in about a month and a half'! What controls the rate of change? While the biochemist has never despaired of continuous efforts giving him success in his quest, he is honest enough to admit that to 'attempt to study all these things at once would be beyond the powers of any scientist, and no one has made the attempt'!

Turning to the biologist and the geneticist one again finds oneself in a blind alley. Experiments on new embryos—transfer of portions to other embryos, or tying a thread round an embryo etc.—have shown that both the mechanistic theory, (each part of the egg is destined to make a particular part of the tadpole), as well as the theory of the animal Soul imposing form on a crude and unformed material, are untenable. Is there any other agency? One should infer its presence, since an 'atypical' division containing half the number of chromosomes is seen to take place in each germ-cell. The thousands of genes on the chromosomes in the father and mother cell, which are supposed to combine to 'shape the life of the offspring', and to determine inheritance are too small to be seen by any optical microscope. Prof. J.B S.Haldane, working on the mapping of the chromosomes for different genes has located five on one human chromosome, but states that 'It is going to take centuries to map all the human chromosomes'. Chromosomal characters which would take generations to change, ordinarily, later determine what are known as 'instincts' but man, apparently, is very plastic about these, his character being capable of change even in one generation. The Ayurvedic postulates of *Dosha-Prakritis*, the *Raja-Tama doshas* being responsible for 'mental' diseases, seem, therefore, atleast for the present, to be lying outside the boundaries of the regions explored, or explorable, by modern scientific methods.

Lastly we come to our own medical men who are going to be the essential pivots round whom all Ayurvedic research must turn! It is admitted that many of the discoveries in science have come through pure chance but Louis Pasteur states that this chance only 'favours the mind that is prepared'! The western scientist, who can be compared with the logical positivist philosopher can not be

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blamed is he held the view that 'no sentence has any meaning at all if it cannot be verified in sense-experience. (Or, if it cannot actually be verified, at least we must know what kind of sense-experience *would* verify it.)' and says that philosophy is, in this sense, a 'meaningless verbiage, which unfortunately *seems* to have meaning' ! The western medico, one would expect, would not be so thorough a materialist, seeing that he has almost everyday to deal with the effects of emotions on mind which lead to physical changes, although the mind itself is hardly 'tangible'. Many important medical authorities of the west, fortunately, seem to recognise the importance of the influence of the intangible on the tangible. But our Indian Medical authorities seem to be so blinded by the brilliance of the anatomical descriptions, the serological tests, the preventive sera, the bacteria and viruses and chemotherapy, that they do not see that the results of these have not been arrived at after considering *all* variables, a fact essential for 'science'. That causative organisms of different diseases give similar serological tests, that, inspite of the postulates, Koch's bacillus has refused, or failed, to disturb the health of a large percentage of people after invasion, that although the port of entry is the same, the Diphtheria germ seems to begin its disease processes at a much higher level of the digestive tract than does the germ of Typhoid, that there are 'Jekyll and Hyde' type of bacteria, that some *acquire* 'pathogenicity' only under certain conditions, that the Science of immunology is a detailed study of the 'mysterious' *function* of the blood,—which Ayurveda styles as '*asrija*', and is 'perhaps the least living part of the body', according to Prof. Haldane,—have no special significance to them. Having forgotten to take into account that the Koch's bacillus, being itself a manifestation of life, had a right to try to be immune against an invading drug, they, paradoxically, made the story of *Man's* fight against Tuberculosis, more complicated by producing—Streptomycine resistent strains ! At the grosser level the fact that all cells somehow react differently under the influence of minute quantities of chemical substances like hormones, that the *common* denominator of *maleness* throughout the animal world, testosterone, is chemically identical whether produced by Man, Stallion, Rooster, or Lion, that plants seemingly worlds apart geographically (the Japanese lac, cashew nuts, and poison ivy) seem to cause similar lesions if they are botanically of the same family, might have suggested to them to look with more interest to Ayurveda which seems to have postulated hypotheses which embrace all these phenomena, in one comprehensive theory. But, unfortunately, a bias for the outer shell of scientific methodology rather than the method itself, makes them suggest 'all possible blood examinations' in certain chronic diseases, or, some hospital statistics as the methods of research in Ayurveda ! One is tempted, on seeing this, to recommend to them what James Watt said: 'It is a great thing to find out what will not do: it leads to finding out what will do !'

Scientists of the west have started studying the proteins, the viruses, etc. through the electron microscopes, but are conscious

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that it will be years before a sufficient background of experience could be created about them.

"In every scientific problem which I have succeeded in solving, even those that have involved days or months of work, the final solution has come to my mind in a fraction of a second by a process which is not consciously one of reasoning" says Irving Langmuir, and Maxwell Gaiser states "If the atom was the father of the Universe, the Universe was the mother of the atom, showing even in modern scientific knowledge, the value of evanescent visions, and of a realisation of a unity in diversity. The elusiveness of a thing does not signify its non-existence, and it is indeed a strange procedure to condemn something as 'mystic' or 'metaphysical' because one's own equipment to understand it is not sufficiently elaborate. Having seen that pure materialists are themselves still working in 'cul-de-sac's of knowledge even where problems at a grosser level than that treated in Ayurveda are concerned' it might reasonably have been expected that even 'empiricism' with 'a core of observations that have stood the test of centuries' would have been treated with greater respect. Instances where modern medicine has retraced its steps because of fallacious presumptions are quite well known, and even if a writer or two had interpolated some absurd explanation of the original succinct Ayurvedic principles like

"all things increase similar things, and bring about a dimunition of dissimilar things in the body"*

or

"*Pancha-mahabhoota Shareeri Samavayah purushah*"

and

"*Vaata-Pitta Shleshmana eva Dehasambhava hetavah*"

it should not have been impossible to see in them the close similarity of modern conceptions, like "Life is a special case of reaction between matter and other matter" and the rhythm of the electrical waves, the action of the diverse chemical substances produced by the body which bring on reactions at temperatures which the chemists cannot, generally, imitate in his laboratory and the synthetic processes.

But, one has to note with regret, that although the modern scientific medicine is still itself just a goose and no swan, what is sauce for the allopathic goose, somehow does not appear to be sauce for the Ayurvedic gander ! ! !

N. R. A.

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*सर्वदा सर्व भावानां सामान्यं वृद्धिकारणम् ।
ह्रासहेतुर्विशेषस्तु : प्रवृत्तिरुभयस्य तु ॥

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Croton Tiglium

By

P. V. DHAMANKAR

Historical :

The seeds of *Croton tiglium* are known as '*Jayapal*' seeds in India. This sanskrit name may lead to think that Croton tiglium is *Bharatiya* in origin. In reality it has been introduced into this country from China. From China to Tibet, Tibet to Nepal and from Nepal to *Bharat* is the route of its travel from China to *Bkarat*. Originally it was known as '*Naipali*', '*Naipal*', '*Jaipal*' '*Jayapal* is the mode of transformation of the word '*Naipali*' to '*Jayapal*'. These three words are found in the existing Sanskrit literature.

In the old times of Charak, Sushruta and Wagbhat, seeds of *C. polyandrum* were much in use (*Dantibeej*). These seeds were exported to Persia, Arabia, Egypt and Greece, where it was known as '*Dand*'. Later the seeds of *C. tiglium* were imported in large quantities to India. After studying this new product, it was found to possess the same pharmacological and clinical actions as these of *C. polyandrum*. These properties of *C. tiglium* were determined, defined and described in the Ayurvedic Pharmacological terms. These seeds were included in their Pharmacopoea *C tiglium* seeds are larger and their action is more drastic than that of *C. polyandrum* and therefore *C. tiglium* was known as '*Bruhaddanti*' and *C. polyandrum* as '*Laghudanti*.

According to Dymock, *C. tiglium* was first imported into this land in 1578 and it is also true that books written in the 15th and 16th centuries contain many recipes in which *C. tiglium* seeds are used. Number of these books is large and that of recipes containing *C. tiglium* is also quite considerable; But '*Rasratnasamucchaya*' of Wagbhat written in the 1 th century A.D. mentions the properties and uses of *C. tiglium* and hence this is to be taken as the time when *C. tiglium* was introduced in India. Dr. Dymock's above stated remark does not stand.

The Drug :

C. tiglium belongs to the Family Euphorbiaceae. In the market it is difficult to obtain pure croton seeds. Following seeds are adulterated with it ;

1. C. oblongifolius.
2. C. polyandrum.
3. C. reticulatus.
4. Jatropha curcus.
5. J. glandulifera.

For experimentation and for manufacture of various preparations proper selection of the seeds is necessary.

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Properties of the croton seeds :

These seeds are emetic as well as drastic purgative, so that they are quite useful in properly selected cases.

Ayurvedic Pharmacology :

Rasa ..... *Katu.*
Veerya ..... *Ushna.*
Vipaka ..... *Katu.*
Prabhav..... Purgative action.
Cures..... *Vata* and *Kapha.*

Useful in bad constipation, abdominal pain etc. There are about forty indications for croton. In that list fibrolipomata, lepromata, poisoning by snake-bites and scorpion-bites are also included.

Croton Oil:

Sweet. good for hair, emetic and purgative.

Solids remaining after oil extraction :—

Bitter, hot, pungent and purgative.

Embryo :

Causes very serious griping and is poisonous.

According to Dymock :-In European countries, this oil is used externally in the diseases of skin as a counter-irritant and causes abundant pustular irruption. Internally, it is given in small doses of ½ to 1 minim as a purgative and is particularly valuable in those cases in which the condition of the patient prevents him from swallowing, It may be placed on the back of the tongue- In the modern pharmacies chief consumption is in the preparation of castor oil capsules.

Being poisonous, use of embryo, either internally or externally, is abandoned by the Ayurveda- According to Dr. Waring "If the embryo be allowed to remain it will cause violent griping and vomiting". This is why croton is classed as a poison of second grade, by Ayurveda.

Purificatien :

Processes of purification of croton seeds are as follows : —

1. Removal of the Husk :

The seeds are lightly milled and the external husk is removed. This is the unhusking of the seeds.

2. Sour lemon is cut into two halves and seeds are removed and in their places unhusked croton seeds are placed. Both halves are fixed by approximating the cut surfaces and tied by means of a thread and kept in a place free from air for seven days. After this period the seeds are removed and dried. This is repeated seven times.

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3. The same procedure as above, is followed but the separated cotyledons are used instead of the unhusked seeds, and the time is reduced to three days instead of seven. The cotyledons are removed and dried in the sun. This process is repeated seven times.

4. A basketful of buffallow-dung is taken and a raised square of 4 inches height is prepared out of it. A piece of white clean muslin is spread over it and unhusked croton seeds are poured over it and tied into a bundle. More dung is placed over the bundle so that it is fully covered from all sides. In this process, some use whole croton seeds and they justify by saying that this process is done only to remove the husk. Some say that the bile albumin etc. contained in the dung act upon the seeds and reduce their poison. In reality this process is carried out to facilitate the separation of the embryo cotyledons. After 3 to seven 7 days burying of the seeds, according to weather, the season, hot or cold, the seeds are removed and washed clean with water and put aside for drying. When in a half dried state. the seeds are opened by the point of knife in the middle and the embryo, adherent to one cotyledons and of greenish yellow colour, oval in shape and thin, is removed. All the seeds are treated in this way. The separated cotyledons are pounded to a soft mass. This mass is placed on the broad bottom of an earthen pot and pressed over it into a cake and set aside into hot sun. When the cake is dry it is pounded and then triturated with sour lemon juice, and again put on the bottom of an earthen pot and again kept for drying in hot sun. This process is repeated 3 to 7 times. Complete removal of the oil from the cake and reducing of the powder of the cake to the form of finely divided sand are the two criteria for the completion of the process.

5. Croton seeds are boiled by keeping them suspended in one of the following fluids:—

1, Milk.
2, Juice of cow dung.
3. Decoction of the root of aloes.
4. Five products of the cow, i.e. milk etc.
5. Sour fluids.
6. Salt water.
7. Juice of aloes.

This boiling is carried out in an apparatus called as '*Dola Yantra*' or suspension apparatus.

Dola Yantra :

A vertical metal jar is taken and two notches are made in its rim at two diametrically opposite places. A wooden stick is placed into these notches. Small bag of the substance to be purified is prepared in a muslin cloth piece and this is suspended by a string from the stick. Fluid in which this substance is to be purified is poured into the jar till the bag is immersed into the fluid.

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Precaution is taken that the bag is not touching the bottom of the jar. Boil for three hours.

6. Embryo is removed from the unhusked croton seeds. Borax is added 1/8th weight of the cotyledons. They are tied in a bag which is buried in cow dung for three days (72 hours). The cotyledons are removed and washed with warm water dried and preserved for further use.

Comments on the above mentioned processes :

These processes can be divided into two classes viz. those requiring the aid of the sun's rays and those carried out with the aid of heat applied with the help of fire. First is '*Atapsiddha*' (*Atap* is sun) and second is '*Agnisiddha*' (*Agni* is fire).

Atapasiddha :

Processes followed in the 2, 3, and 4 methods. In these processes the embryo is removed and the oil and the solids are preserved in tact (2 & 3).

In the 4th process the oil is completely removed and solids containing proteins etc. are preserved.

2. Agnisiddha processes : (5, 6)

After digestion in the fluids. oils and the solids are preserved and the solids are rendered more or less inactive and remain in an inactive state. They therefore do not cause any trouble in the body.

Sour lemon juice :

This has been used with a definite purpose. In poisoning with croton seeds, acid fluids or butter milk and rice are administered, and these stop excessive purgation. These acids act as antidote to croton. Same action exerted by the sour lemon juice. So that the antidote is used in the purification of croton. According to Dr. Waring "Lime juice should be given 4 to 5 oz. The patient gets relief quickly. Lime juice is an antidote which always be first tried because it is generally at hand and seldom fails to afford more or less relief.

Use of croton :

1. Croton seeds purified by solar methods retains almost all the constituents and is therefore violent in its action. This croton is indicated in poisoning by snake venom, scorpion-bite, Vata deseases and also in cases of ascitis where the patient is heavily constipated.

2. In the second process the oil is completely extracted away and the remaining solids exert only a purgative action. It is advisable to use this croton in simple cholagogue purgative recipes, e.g. '*Icchabhedi*.

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3. In the '*Agnisiddha*' methods the oil is preserved and the solids are in a state of inactivity. This croton causes vomiting and nausea. Its action on '*Kapha*' is marked. This corton should be used in the diseases of chest, i.e. bronchitis, pneumonia, etc.

4. Croton seeds can be used externally. They can be put into the eyes. and can also be applied externally to the skin in cases of fribrolipomata discharging skin affections and diseases of hair.

The experiment :

Oil content of croton is 48 to 49 %, This oil is removed when the seed mass is put on the earthen pot. In '*Agnisiddha*' methods according to *Kartickchandra Bose*, 16 % oil remains in the seeds. But according to the chemist of Dhootapapeshwar Pharmaceutical Research Laboratory, the oil content remains the same but there is a change in its appearance. Oil from the unprocessed seeds possesses a beautiful reddish shining hue like that of heated gold and the oil from the boiled croton seeds does not possess this hue.

The oil and the solids can be separated in a pure and active form by the modern chemical methods. The solids, if administered to a healthy person, in the dose of 6 to 8 grains causes a very good bowel action 12 hours after administration.

Points for research :

1. Availability of pure croton seeds.

2. Definite chemical composition of the oils and solids of *Croton tiglium* and proportions in which they exist in the seeds.

3. Clinical indications and use of *croton tiglium* seeds upto this time is found to be very interesting and useful and still much more remains to be done. It is trusted that by this work preparations from croton seeds would be made more potent long lasting and free from defects.

What is "Life" ?

By

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Before the question as to what life is, sought to be answered, we have first of all to recognise that the material basis of life is an organic substance known as the Protoplasm. This term is derived from two Greek words viz., Protos = first and Plasm = form or the "first form". This substance in main, constitutes the material of the coil which is a unit of life. Chemically, protoplasm is composed with about 14 ordinary chemical atoms viz.,

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(1) Carbon
(2) Oxygen
(3) Hydrogen
(4) Nitrogen
(5) Sulphur
(6) Phosphorous
(7) Sodium
(8) Potasium
(9) Calcium
(10) Chlorine
(11) Magnesium
(12) Iron
(13) Iodine
(14) Copper

Of these, Oxygen, Nitrogen and Chlorine are gases. The first two are found in the air of the atmosphere and the rest in the bowels of the earth. With carbon forming the essential link, these chemical atoms combine to form (under conditions not yet determined) that peculiar substance—Protoplasm—which as stated already serves the material basis for the manifestation of life exhibiting all the properties peculiar to living system referred to in our study of Physiology. Without going into the details of cells and protoplasm we may here state that the Biologists define "Life as the function or the activity of the Protoplasm." This definition should remind us of the attitude of the material scientists of ancient India—the *Charvakas* and *Lokayithika* who like their compeers of the present held that "the four *bhutas* in their elemental or atomic state when mixed in certain proportion according to certain order become transformed into an organism." Expanding further their theories of life and consciousness, they explained that "consciousness is the function of the body, which is indispensable for its manifestation. Consciousness does not inhere in particles of matter. When the particles come to be arranged into a specific form, they are found to show signs of life. Life and consciousness are identical. The particles which form the body are always in a state of flux" etc.

"The scientific explanation of Physiological phenomena is in terms of energy, and it goes no further in the light af present knowledge than to reduce all the processes even those of life, to terms of movements of quanta—the units of energy. When one faces the question of what is a quantum, no answer in terms of mechanical model is available. Modern Physics has resolved the quantum into a mathematical concept without material existence. It seems to be only a property of space. In as much as all matter has been shown to be merely the region wherein, quanta, chiefly in the form of electrons and protons are behaving in certain special and restricted way, the world and everything in it—both living and non-living—is resolved by attempts to reach fundamental and ultimate concepts, into that which cannot be stated in mechanistic terms. All attempts to explain the ultimate nature of non-vital phenomena do not lead to mechanical concepts, but to ideas which

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the science of the 19th century would have called the "Mystical. In short, the limitations of science are just as apparent in any effort to explain the natnre of obviously mechanical phenomena of life. However successful mechanistic physiological explanations may be, they do not explain the infinite out of life." (Mitchel).

In contrast with the halting and apologetic mechanistic view or life or vital phenomena—either the ancient Indian represented by the *Charvaka* and *Lokayitika* School of natural Philosophers or modern School of Biologists—Ayurveda has held life and life process as due to the ccrrelation, determined by a peculiar *Dharma* or law, which for want of a better modern term can be stated as the *law of casuality* the principles of contiginty and of antecedence—the former assumes that things can act on only neighbouring things or through a chain of things in contact, and the latter assumes that if cause and effect refer to situations at different times, the cause should be prior to the effect),—of the following four fundamental leternal factors.

(1) Matter of Body composed of elemental particles known as *Bhutanus*.

(2) Mild stuff constituted by an ultra-atomic state of matter which can only be described in terms of three qualities (forces) may viz..

(i) *Rajastic* (Kinetic)

(ii) *Thamasic* (Potential) and

(iii) *Satvic* (Sustentative or correlative)

(3) Soul or *Jeeva* or *Atma*—a non-material intelligence factor or vital principle.

For want of an intelligible definition we can, for our purpose, represent this factor by the symbol X, which is not only a condition precedent for the emergence of life phenomenon but also to bring about the correlation of Numbers 1 and 2 together in an organic relationship, for a space of time determined by casual sequences. The symbol X representing the 'Soul factor,' is for all intents and purposes an undetermined and is yet an absolute factor for understanding or explaining the phenomenon of life, in the same manner as the employment by modern Physics, of the concept of undulatory Ether in its attempts to interpret and explain the phenomenon of radiation.

(4) *Kala* or time—to represent which yet another symbol K is used.

(It may be noted here that time is defined as the measure of change).

According to the above, the manifestation of life which is determined by the *Dharma* or law of causality can be expressed as follows :—

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$$\frac{Mt + Mi + X}{K} \longrightarrow \text{Life}$$

(In this symbolic representation, X and K are imponderables).

This theory will become obvious from the following :

(1) "Matter has never done more than its laws decree. The atoms and molecules obey the dictates of chemical affinity, the force and influence of gravity the influence of temperature and—electric impulses.

(2) Matter has no initative, but life brings into being marvellous new designs and structures. Without life matter is inert and when life leaves it, it is again merely matter."

(3) One of the outstanding characteristics of a living creature is its ability to maintain itself as an individual, separate from its surroundings. We have already seen that the living body is—composed of ordinary chemical substances, all of which are secured from its environment. In the course of life of the animal these substances are returned to that environment many times over. Notwithstanding this dynamic equilibrium, the living animal maintains its individuality. At death, the continuity is broken and the elements which composed the material of the body of the animal become once more part of the environment. This latest or modern statement of fact should remaind us of the age-old saying :

पञ्चधा संभूतः कायः यदि पञ्चत्वमागतः।
कर्मभिः स्वशरीरोथैः तत्र का परिवेदना॥

The above saying which gives out a profound truth is known as the *Karnamantra*, and it is usually murmured in the ears of a dying person. It means :

'Why should you grieve, if the body composed of the five *Bhutas* beginning with *Mruth* constituted for the purpose of enabling you to liquidate the *Karmas* accumulated by you in the past (*Janmas*) which when expended disintergrates into 5 *Bhutas* again (or attain *panchatwa*)."

(4) What life is no scientist has fathomed it whence it came and where it goes, science answers not. It accounts for every motion of every living thing. 'Nature does not create life. Gravity is the property of matter. Electricity is matter itself' 'Life is the only source of consciousness.

(5) Life in immortal. It has survived physical viscitudes and directed matter in many directions. It

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uses the atoms of matter inconformity with the laws of universe ; creates new patters and leaves behind in its advance every particle it has touched.

(6) It has used the energy of the sun, separated the combined atoms of water and oxygen ; the sluggish carbon from its oxygen in the carbon-di-oxide ; with carbon as the link, it has made use of in organic matter to build up organic matter and made use of the latter to manifest itself.

(7) Life has mastered all the elements and has compelled them to disolve their combinations and recombine into new relations.

(8) Life as a chemist, not only disolves chemical combination but also synthesise new substances.

The above, drawn freely from the writings of a scientist of repute viz. A Cressy Morrison, Ex-President of New York Academy of Sciences have in many words echoes the ancient *Upanishadic* sayings on the subject.

The above digression apart, the difficulties confronted by the mechanical school of Biology to understand and interpret the phenomenon of life are very real, as the methods employed by them till now for the purpose has been, as we have already seen, those of the physical science. This apart, the trends in modern methods can stated to be compartmental, which specialises in the study of the details of parts viz., to the Biological sciences (including Physiology) Man—appears in the words of Dr. Kenneth Walker as "an isolated field of Physico-chemical reactions or a complicated machinery which takes potential energy in the form of food and changes it into work performed and waste products—discharged ; Every specialist of this compartmental method of approach, looks at Man from his own—particular angle ; the Chemist from the angle of chemistry ; the Physiologist from the angle of functions ; the economist in terms of economics and the religious man in terms of spiritual values. The Biologist who deals with living systems, does not provide a place for Psychology in his scheme of things. Neither Biology nor Psychology which deal with the—obverse and reverse of the problems of life, life-process and living state do not comprehend Phylosophy. It is no wonder, therefore, that Biology (including Physiology) treats living body (or living state of the body) as material (i.e.) it is composed of matter which occupies space and which can be weighed and measured holds the view that life is immaterial ! it is neither a particular force nor principle which inhabits the living body and escapes on death in the same manner as heat is said to escape from a cooling object and defines life as the function or activity of the protoplasm.

It will therefore be desirable thing for us to assume, even if it be as a working hypothesis, the formula of life as envisaged by Ayurveda viz., that life is the sum total of body, mind and soul.

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Ayurveda and Naturopathy

By

DR. P. T. JAGANNADHA RAO, TIRUPATI. *Andhra.*

Ayurveda is the knowledge of life. It is closely connected with *Sankhya*; the theory of Evolution. The whole world—including the human body and the drug—is constituted by the five primary elements "*Pancha Bhuthathmakam Thaththu*". The primary elemental equilibrium indicates the natural state of a thing. Any deficiency in the maintenance of such an equilibrium is unnatural. It is called disease in a human body. Substitution of that particular deficient element to maintain the natural equilibrium is the line of treatment adopted by Ayurveda. Minerals and plants are made into drugs suitable for administration. In Naturopathy the principle of disease is the same, but the line of treatment differs in that the natural primary elements and plants in their natural state are the drugs of choice.

The physical body is elemental but the metaphysical mind is qualitative, Both the body and the mind are inter-related. The *Doshas* of the body are *Vatha, Pitha* and *Kapha* and that of the mind are *Sathwa, Rajas* and *Thamas*. *Sathwa* is not considered to be a *Dosha* but a virtuous quality of the mind, whereas *Rajas* and *Thamas* are considered strictly to be *Doshas*. These three qualitative *Gunas* of the mind are related to the five elements and the three *Doshas*. These *Gunas* play an important role in Naturopathy, in respect of the Solar spectral treatment, which is individually termed Chromopathy. These three *Gunas* are again primarily connected with the main modern elements: Oxygen, Carbon and Hydrogen of the organic chemistry. The relationship between the five elements and the three *Gunas* is given in *Sushrutha*, Ch. I.V. 40. *Akas* is mainly *Sathwa*; *Vayu* is mainly *Rajas*; *Agni* is mainly *Sathwa* and *Rajas*; *Ap* is mainly *Sathwa* and *Thamas*; and *Prithvi* is mainly *Thamas*. There is an affinity between the three *Gunas* and the three *Doshas*, *Vatha Dosha* has affinity to *Rajas*; with *Surya* it causes thirst and with *Chandra* it causes cold. *Pitha Dosha* has affinity to *Sathwa*; with *Anam* it is blue and without it it is yellow. *Kapha Dosha* has affinity to *Thamas*. *Kapha* with *Thamas* causes *Nidra* (sleep); *Pitha* with *Thamas* causes *Moorcha* (epilepsy) *Kapha* and *Vatha* with *Thamas* cause *Thandra*; and *Pitha* and *Vatha* with *Rajas* cause *Bhrama*. *Dosha Samya* with *Sathwa guna* is good health.

Ayurveda and Chromopathy

"नमः सवित्रे जगदेक चक्षुषे जगत्प्रसूतिस्थितिनाश हेतवे ।
त्रयीमयाय त्रिगुणात्मकाय विरिञ्चि नारायण शङ्करात्मने ॥
धृतपद्मद्वयं भानुतेजोमण्डलमध्यगं ।
सर्वाधि व्याधि शमनं छायाश्लिष्टतनुं भजे ॥ —सौरध्यानम्

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"I pray to sun, the omni-luminant spectator, the triune causer of creation, existence and destruction, the author of the three *Gunas* and the incorporation of *Brahma, Vishnu* and *Maheswara.*" And "I pray to H im, who holds two lotuses, who is in the centre of the solar zone, who cures mental and physical diseases and who is with *Chhaya Devi.*" From the ancient proverb "*Arogyam Bhaskarath Ichheth*" it is evident that Hindu mythology confirms Sun to be an animator and conferer of health. Egyptians under Akhnaton worshipped the Sun for health. The temple of Esculapius, the god of medicine, at Epidauros, contained a solarium as an integral part of its medical equipment. Modern medicine approves an adjunction of Helio-therapy in the treatment of Tuberculosis. Helio-therapy is Sun treatment. (Gr. Helios=Sun) and Actino-therapy is ray treatment. (Gr. *Aktis* or *Aktinos*=ray). Photo-therapy is light treatment. (Gr. Phos or Photos=light). All these terms denote treatment of diseases by exposure to sunlight. Artificial light (aeo lamp) similar to sunlight is also used in the absence of sunlight. The sun is the source of life and energy. Light is an electro-magnetic disturbance of the ether. Radiant energy is transmitted through the ether at a speed of 186,0 0 miles a second. The length of the waves, measured from crest to crest, determine the quality of radiation. The shorter the waves are, the greater is their frequency. The waves are measured by Angstrome units, which are one ten-millionth of a millimetre.

Gamma rays of Radium	0.1
Rontgen rays	0.1-500
Ultra violet rays	1000-3900
Violet rays	3900-4300
Blue rays	4300- 000
Green rays	5000-5600
Yellow rays	5600-5900
Orange rays	5900-6200
Red rays	620 -7700
Infra red and heat rays	7700-120,000

In spite of the extension of the wave-lengths of the sun far into the ultra-violet region, the atmosphere polluted by moisture, dust, smoke, etc. absorbs a major portion of this invisible short wave radiation and scarcely a very narrow band in the ultra-violet spectrum is incorporated on reaching the surface of the earth between 2800—3100 A. Ordinary window glass cuts out radiations of a wave length shorter than 3200A and a thick glass those below 3400A. A quartz glass transmits ultra-violet rays without any cut. By artificial means ultra-violet rays are produced. Chromo-therapy is colour treatment. (Gr. Chroma or Chromatikos= colour). Chromopathy is the medical science relating to the use of colours in healing diseases. According to the definition of Dr. E. D. Babbit. "light is a material substance as well as the result of certain vibratory laws of motion in the atoms through which it passes and each of the colours, which combines to form the full ray af light, has a special grade of substance with its own style of power, which is capable of being transmitted as a refined

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medicine or chemical agent to the human system direct or into water or other substance which may be taken into the stomach, applied externally to the skin, etc." A ray of light is split into seven colours spectrally. The mother colours are three—yellow, blue and red, These seven rays are visible. Ultra-violet and infray-red rays are not visible. Chromopathy is concerned with the visible rays only. Diseases are treated by exposing the whole body or the affected part to a particular ray. A coloured glass filter is used to transmit rays of a particular colour and cut the rest. The colour of a substance is known in this therapy not by the outward appearance but by a spectrum. The spectral band reveals the natural colour of the main element of the substance. The therapeutic value of such a substance depends mainly on the predominant colour band.

The three main colours yellow, blue and red represent carbon, and hydrogen, by different combinations of which may be derived an unlimited number and an extraordinary variety of organic substances. Organic substances, when compared with inorganic substances, may differ in the structure of the molecule, but offer a better therapeutic value. This is the cause why sympathetic preparations fail to yield cent per cent therapeutic value. A radical of a given compound maintains its identity throughout a number of chemical changes affecting the remaining portion of the molecule. A radical, susceptible as it is to a degree of substitution liberates its constituent, unalterable, fundamental organic elements only when it is destroyed in the body during anabolism. The librated carbon, oxygen and hydrogon are incorporated into the system. This elemental efficiency is health and the deficiency is disease. Making up the deficiency is the therapy.

Different elements in their most refined form float in the atmosphere. The sunlight repels elements similar to its own constituents towards the earth, because "similars repel". The colour potency of carbon is yellow, oxygen blue and hydrogen red. The yellow, blue and red rays of the sun repel the yellow, blue and red ethers of carbon, oxygen and hydrogen towards earthy objects, as these rays are of such elemental nature. These elemental streams, as they strike a plant or animal, are generally absorbed by such an object by chemical affinity. Elements in their etheral form from solar rays are far more penetrating, enduring and upbuilding to the human system than they would be if used in a crude form.

Hindu mythology reveals detailed advances in the line of Chromopathy. Sun is worshipped to be triune in nature. He is *Brahma*, the lord of creation and *Rajoguna*; he is *Vishnu*, the lord of existence and *Sathwa Guna*; and he is *Rudra*, the lord of destruction and *Thamo Guna*. He is yellow, blue and red in colour and influences anabolism, metabolism and katabolism respectively. *Brahma* is yellow in colour and is an embodiment of *Rajoguna* with the power of animation. He gives life. *Rajoguna* feeds selfishness (egotism), propels the mind to think, talk and act,

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activates the nerves to carry impulses, moves the contents of vessels and increases peristalsis. *Vishnu* is blue in colour and is an embodiment of *Sathwa Guna* with the power of maintenance. He tones life. *Sathwa Guna* feeds selflessness, keeps the mind in full bloom, tones the nervous system and maintains the life energy. *Rudra* is red in colour and is an embodiment of *Thamoguna* with the power of destruction. He is catalytic. *Thamoguna* feeds stupidity, keeps the mind inactive, abates the nervous activity and tends to putrefaction or decay.

Chemo-Therapeutics

YELLOW : Generally pure yellow is not used. Yellow with a red tint or yellow orange is preferred. This is the colour of the molten gold, of which hue is *Brahma* and Sun. It is animating to nerves. It is a laxative, a diuretic and it stimulates the brain, liver, etc. It is specially indicated in constipated, paralytic and stupid conditions. Orange is used in Asthma and Leprosy. It arouses the nerves and increases the blood flow. Saffron, valerian, mustard, dandelion, senna, pdophyllin, colocynth, sulphur, figs, gluten, castor oil, ginger, etc. which have yellow as the leading colour in the spectrum, are known to be stimulant to the brain or nerves of the bowel liver, stomach, etc. All purgatives and laxatives, having a predominant yellow colour, stimulates the nerves of the bowels. If a considerable portion of red is also found, it arouses the blood. Diarrhoea and delerium are contraindicated in the use of yellow.

BLUE : Indigo and violet go together with blue. It is nervine astringent, refrigerent, anodyne, antiseptic, febrifuge, anti-inflammatory, narcotic, antispasmodic and antihaemorrhagic. Aconite, ergot, indigo, the galls, sulphates of copper together with a moderate form of the acids, have the blue principle of oxygen in them. Cold bluish conditions are contraindications.

GREEN : an allied colour is cooling and is useful in uterine inflammation and sexual debility. Chloroform (CHCL 3) has the blue green, blue, indigo and violet strong in its spectrum and is called a direct sedative to the nervous system. Ultra-violet rays are of a shorter wave-length bordering the violet ray are really of the same therapeutic value as the violet, but such of them of a shorter wave-length are detrimental. Dr. Renato Dulbecco, California Institute of Technology, announces that ultra-violet rays 2537-A inactivate or kill tiny organisms and rays 3659-A reactivate or bring them back to life.

RED : It is warming and stimulating to arterial blood and desirable in cold, pale and bluish conditions. It is rubifacient, thermogenetic, arterial stimulant and raises the pulse. Ammonia, potassa, capsicum, red cedar, bromine, etc. ether and alcohol have all the predominent element hydrogen in a bright red colour. All alcohols with the red hydrogen predominating are of *Thamoguna*. Sarangdhara quotes them to be of *Thamoguna*, feeding stupidity and abating nervous activity. Red colour has a special indication in stiff joints and paralysis. Occasionally orange is added. Inflamm-

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able and over excitable conditions are contraindicated. Purple is a combination of red and blue. It is good for lungs, stomach and kidneys and for animation without irritation. Infra-red rays are of a very longer wave-length and are more thermogenetic than the red rays. The action is similar.

The modern system of medicine acknowledges ultra-violet ray and infra-red ray but ignores the intermediate visible colour rays and their therapeutic value. Chromopathy is a very fine successful therapy but it cannot replace any other system of medicine. It is beneficial as an adjunct to the routine treatment of any system.

Planning of Research in Tri-Dosha Siddhanta of Ayurveda

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(*Continued from last issue*)

Chapter IV

Identification of Thri-Dhaatus and Thri-Doshaas

(24) The *Thri-Dhaatus, Vaata, Pitta* and *Kapha* considered severally have to be understood as follows:—

Thri-Dhaatus considered Physically.

1. Physically :— They represent the three states of matter, the solids, liquids and gases, roughly corresponding to *Kapha, Pitta* and *Vatta* respectively. *Kapha* is predominently semi-solid. *Pitta* predominently liquid and *Vaata* is a semi-gaseous liquid, or saturated with gas like gas in aerated water under pressure. It has the property of expanding in all directions. *Agni* and *Aakaasa* states which are not recognised, as yet, as subtle states of matter by the West are also predominent in *Pitta* and *Vaata* respectively.

All states of matter are relative liquid water becomes solid when converted into ice, and it becomes a gas which converted into vapour. *Pitta* is liquid with a tendency to continue to be a liquid. *Kapha* also is a semi-liquid, but with a tendency to solidify and *Vaata* is also a liquid with a tendency to evaporate. A fluid is anything that flows. At this rate, air is a fluid, so also, *Vaata* in the human body is a fluid of peculiar type. The different states of matter are difficult for us to comprehend in their subtle conditions even with the aid of the most delicate instruments. A yogi however knows the most subtle of things and he can also

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alter one state of matter into another by virtue of the supernormal powers. The control of *Vaayu* is therefore easy for a Yogi. Refer Section II on *Darsanaas* in my Text Book of Ayurveda.

Bio-chemically.

2. Bio-chemically, the *thri-dhaatus* surround and penetrate the cells and tissues in the form of nutrients and supply them with all forms of food consisting of the solids, liquids and gases.

The *three-dhaatus* together may be taken as constituting the contents of plasma or free protoplasma which feeds all cells that go to form the tissues.

The three-*dhaatus* have each its own constitution in the gross and the subtle states.

I. *Kapha* in the mouth is a secretion which is alkaline, into which is assimilated most of the food having a predominently *Madhura* (sweet) and *Lavanam* (salt) tastes. It is semi-solid and is full of mucus. Its primary source is in the *Aamasaayaa* (i. e.) in the mouth and the upper portion of the stomach. See *Madhura Vipaaka.*

II. *Pitta* in the gross state is acid. It is semi-liquid more liquid than solid. It is a secretion into which most of the food having *Amla* (acid) taste is assimilated. Its primary seat is the portion of the lower stomach and deuodenum i. e. *Pachmaanaasaya* See *Amla Vipaaka.*

III. *Vaayu* is the gross state in the alimentary canal is also a secretion which has a punjent taste and is a volatile fluid into which most of the food having *Tikta* (bitter). *Katu* (punjent), and *Kashaya* (astringent) tastes is assimilated. Its primary seat is *Pakwaasaya* (intestines). See *Katu Vipaaka.*

Physiologically.

3. The *Thri-dhaatus*, *Kapha*, *Pitta* and *Vaata* are *dehadravyaas*—body matter—whose function is responsible primarily for all the activities respectively of the lymphatic, circulatory and nervous systems of the body.

Psychologically.

4. The *Kapha*, *Pitta* and *Vaata* from the physical counterparts of the metaphysical *Thrigunas*, which are responsible for the different mental states. The *Thri-Dhaatus* are derived from the *Thri-gunas* as everything else in this world. There is an increase of *Vaata* in grief or worry. There is an increase of normal *Pitta* in which or anger; *Kapha* in joy and vitiated *Kapha* in depression. The state of equillibrium of *Satwa*, *Rajas* and *Tamas* is responsible for a state of perfect health of the *Indriyas* and the mind. Normal *Vaata* is responsible for enthusiasm normal *Pitta* is responsible for intellect and memory. Normal *Kapha* is responsible for strength and courage.

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Pathologically.

5. Pathologically :—*Kapha, Pitta* and *Vaata* beeome harmful when they are deranged (*Kupita*). They cause functional derangment first and organic changes (*Dhaatu*), when the derangement continues, *Kapha, Pitta* and *Vaata* when they are in the form of normal excretions constitute part of the *Malas*, or debris. Flatus in the *mala* of *Vaata*. Bile is the *mala* of *Pitta* and *Phlegm* is the *mala* of *Kapha*. Besides these three token *malaas* there are *malaas* of the *Sapta Dhaatus*. The *malaas* in the *prasaada* state however, promote health and only in a deranged state that they cause disease. In the *prasaada* state, they help to support the body and to that extent they are also called *dhaatus*.

Clinically,

6. Clinically :—The three *doshas* represent certain groups of symptoms, which serve as sign posts indicating the types of diseases and the different stages in the same type. Such grouping or classifications helps the physician greatly in treatment. There is no pain without derangement of *Vaata*. There is no burning sensation or *Paaka*-inflammation-without derangement of *Pitta* and there is no pus without derangement of *Kapha*. Medically, derangement of *Kapha* is indicated by heaviness and increase of *Kledam*, (moisture). Predominence of nervous symptoms denote *Vaata* type. Hyper-pyrexia and acuteness of symptoms indicate *Pitta* type. A mild onset generally indicates *Kapha* type. The cerebral type is due to derangement of *Vaatta*, the abdominal type is generally due to *Pitta* derangement and the respiratory type is generally due to *Kapha* derangement and high fever is also present. But if it indicates the derangement of both *Pitta* and *Kapha* and when the nervous symptoms are also present, it is of a mixed or *Sannipatha* type in which there is a serious derangement of all the three *doshas*. These divisions go up to 63 sub-types by combinations of the 3 *doshas*. The physician has to decide which is primary and which is secondnary.

The Seat of Vaata, Pitta and Kapha.

(5) The importance of knowing the chief seats of *Vaata, Pitta* and *Kapha* and their subordinate seats lies in its utility in treatment. Each of the *Thri-dhaatus, Vaata, Pitta* and *Kapha* although pervading through the whole body, are described as each having five divisions or departments, with different seats and functions.

Department of Dhaatu.	Seat.
Kapha.	
Kledaka	Mouth and Stomach (*Aamaasaya*).
Avalambaka	Thorax.
Bodhaka	Mouth.
Tarpaka	Head.
Sleshaka	Joints.

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Pitta.	
Paachaka	Between *Aamaasaya* and *Pakwaasaya*.
Ranjaka	Liver and Spleen.
Saadhaka	Heart.
Aalochaka	Inside the pupil of the Eye, Retina.
Bhraajaka	Skin.
Vaata.	
Praana	Head, Neck and Chest acting downwards.
Udaana	Chest, neck and Upper-acting upwards.
Samaana	Umbilical region, (abdomen).
Vyaana	Heart and whole body.
Apaana	Pelvis and below.

When *Vaata* is deranged in any where in the body, it is necessary to devote our special attention to the treatment of *Vaata* at its principal seat in the intestines (i,e.) *Pakwaasaya*, by suitable enemas. Just as a tree dies when its root is cut off, so also, *Vaata* in other places will be studied when its virulance is attacked at its root—(*Moola*)—in the pelvic areas.

Similarly, when *Pitta* is deranged anywhere, we direct our attention to its chief seat in the *Pachyamaanaasaya* and treat it with purgatives so that the other *Pittas*, fed by the main source, may be starved out. So also, in *Kapha* derangement, we have to attack it at its source in the *Kapha Sthaana*, i e. in the *Aamaasaya*. Of course, treatment of the subordinate *doshas* in their places is also indicated according to the various stages of the disease by vomiting of starvation, purging or enemata etc.

A Constant attempt at Synthesis

26. A true scientist should wait and think whether a study of the *Thri dhaatus* and *Thri-doshas* can give any special point of view peculiar to the science of Ayurveda: which would help in the diagnosis and treatment of disease, In Ayurveda, there is a constant attempt at synthesis of the various items of knowledge so as to bring all conditions of health and diseases into the threefold formula of *Vaata*, *Pitta* and *Kapha*. In the Western Sciences, the tendency is towards greater and greater analysis, thereby the number of diseases are multiplied with the number of organs and with every new discovery. According to Ayurveda every new discovery helps us only to understand the *Thri-dosha Siddhanta* better by discovering unity in multiplicity. In short, ill-health is caused by derangement of the three *doshas* and health is restored by bringing the deranged three *doshas* to their normal condition.

I would ask the Indian research worker to study Ayurveda not because it is his own pet science, which has descended to him from his ancestors, but because it is superior to the Western medical science in many respects. For instance, though Ayurveda is primarily a material science, it is, at the same time, the best guide to *Moksha*—liberation. Culturally Ayurveda holds a high place amongst the world's sciences.

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Chapter V

The Planning of the Combinations of Rasas and Doshas

Rasakalpana and Doshakalpana.

(27) Charaka says that an expert physician who can devise the combinations of *Rasas* (substances which have different tastes) in suitable proportions and who can also estimate the correct proportions of the combinations of the *Doshas* responsible for a particular disease, cannot be mislead in determining the causes, symptoms or treatment of the several diseases.

Yah syaat Rasa Vrkalpajnah
Syaat cha Dosha Vikaalpa vid
Na samuhyet Vikaaraanaam
Hetu linga Upasantistu.

Charaka Sootra 26—25.

A physician has to reckon carefully, all the *rasas* in a particular food or medicine, as well as the several *Doshas* responsible for constituting the disease, in order to administer the food or medicine suitable in the disease. Charka Vimana 19. The question is where to begin and how to conduct research in this subject.

An Observation in a Village Field

(28) Last week. I noticed in my farm at Avadi, one evening two dhoby women, one aged above fifty years and the other her daughter, aged about 18 years. The field was in the neighbourhood of a tank bund, and owing to recent freshes of rain there was a luxurient growth of all kinds of weeds. It was a bit of unploughed waste land. The two women were engaged in picking up some edible green leaves and twigs from several plants and collecting them together in a small basket. I approached the older women and asked her how she knew which was edible and which was not. She laughed at my ignorance, because she knew that I was a doctor, On examination of the contents of the basket. I found that there were more than seven kinds of leaves in the collection. I sorted out the several varieties and asked her about each of them. She gave out their names in the Telugu language as follows :— *Paala Koora*—(Milk green—identified by some as *Jeevanti*), *Balaa Koora*—(Strength green—Sanskrit *Bala*), *Godugo Koora* (Umbrella green—*Apaamaarga* in Sanskrit), *Galjeru*—(*Punarnava* in Sanskrit) *Atikamamidi* (not identified in Sanskrit) *Pulla Koora* (*Changeri* in Sanskrit) *Ponnanganti Koora Matyaakshi* in Sanskrit), *Kuppa Koora* (not identified in Sanskrit) and *Madakattaan* (not identified in Sanskrit by me) which she said was very useful in *Vatta* diseases. She said that it helps to extend the joints fixed up in Rheumatic affections by internal use as a green vegetable. The Tamil name of the leaf, in fact, means that. There were some other leaves in the collection, the names of which she herself did not know, but

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she knew that they were nutrious and good for health. She then enumerated severally their tastes as sweet, sour, bitter, punjent and so on and their properties as cooling and heating and also as laxatives and constipants etc., She was able to classify them also as promoting or checking *Vaata, Pitta* and *Kapha* individually. She said that the collective effect of the curry made out of the *Kala Koora* (mixed greens) was very tasty and also good for health in the season. She picked up one leaf in particular. which she called *Godugu Koora* (Umbrella leaf—identified by me as *Apaamaarga*—Amaranthus Racemosa) and said that it would, when cooked, taste very sweet like chicken curry. (I paid her two annas and asked her to make a separate collection for me and I took it home and had it cooked with the addition of *Dal,* It was very tasty and wholesome.)

I then asked her to accompany me in the field and. I picked up several green leaves in the order in which they are found in the land. across my path and asked her the properties of these leaves one by one. She condemned some of them as useless as food and some as even injurious to health. There were others which she recognised as useful for medicines but not as eatables. Of those that she condemned, I asked her, how she would know that. She gave me one leaf and asked me to squeeze it and smell. It had a disagreeable smell resembling faecal matter. Then she asked me to put that leaf in the mouth and taste it. It had a peculiar bitter and abnoxious taste. She told me that it was a poison and that it causes vomiting and purging. The leaf looked like the leaf of a chilli plant ; but I would not identify it botanical or medicinally. I then picked up a leaf of *Bhoodaatri* which was in front of me, and asked her about its properties. She at once told me, that its taste was bitter, that it was useless as food, but it was useful in checking *pitta* and was used in the treatment of Jaundice Then, I picked up a leaf of *bala* (Sida Cordifolium) and questioned her about its properties. She took the leaf from me and crushed it between her fingers and asked me to notice the soft greezy matter, which she said was responsible for the strength that it gives, when eaten, that the leaf increases milk of the cows, which are fed on it, that it makes a very tasty curry when properly prepared and that it was very cooling to the body. All these are included in the word *Brimhana* in Ayurveda. In this manner, I spent about an hour with her studying *Rasas* and *Doshas* of the different weeds, I found that her young daughter who was picking leaves at an other end of the field had also an adequate practical knowledge of these edible and non-edible leaves. Although with all the study of Ayurveda I am ignorant of the properties of many of these words, this knowledge was the common property of almost all intelligent women of a village. They do not make any special study, but they acquire it by the village tradition, I presume that they learn to distinguish the edible plants from the non-edible by traditional observations. There is a vast lore of wisdom passed orally from generation concerning the *Rasas* and their combinations into different *doshas*—also a voluminous detailed literature exists in the form of dictionaries (Nighan-

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tus) whereas the observations of centuries are recorded. The *gunas* such as smoothness and roughness, stickyness or dryness, heaviness or lightness etc, and the *Rasas* contained in each leaf, which have no meaning to a modern educated boy from the city are easily understood by the village folk, who have not as yet lost their basic knowledge of the Indian sciences (*Darsanas*). There is no doubt that there is a great deal of science behind these observations. For example, the *Dhoby* woman knew that substances with a sweet taste are more nutritious than those which have other tastes. "*Yadhaa Poorvam Balaavahaah*". This is a principle inunciated by Ayurveda. See Vaagbhata Sootra Ch. I.

A boy bred up in the city today knows about the flowing of a current of electricity in insulated wires, positive and negative wires and their short circuiting and producing shock when touched etc., in a practical way, which a villager cannot comprehend easily. On the other hand, if he goes to the field in the village, the city boy behaves in an awkward manner, when he is questioned about the cultivation of even brinjals, chillies etc., which he may eat daily, but he does not know where and how they grow, whether they grow out of trees, shrubs or creapers I have given this example to illustrate how the soil of India is impregnated with the knowledge of Ayurveda and its basic sciences. Some of the so called big discoveries of modern science are nothing new to Ayurveda, if we are able to understand our science property.

Researches of Dr. Y. Subba Rao in America.

29. For instances Dr. Y. Subba Rao who was Director of Laderal Laboratories in New York and who became very famous as a great scientist in America was a student of mine for nearly 2 years before he left for America. Under my instructions, he was making a special study of the Ayurvedic treatment of Anaemia, Sprue and Jaundice, because he was himself dangerously ill from sprue and was cured by Ayurvedic treatment given by me to him, when he was left as hopelessly bad under the Allopathic treatment, by the experts of the General Hospital here. He said that as his life was saved by me, he would dedicate his life to me. He kept up his promise and dedicated his life to medical research although it was not conducted strictly on Ayurvedic lines.

He was surprised by the simplicity of my treatment which consisted of internal use of some leaves such as *Bhringaraja*, *Bhoodhaatri* or *Eranda*, in several combinations with other drugs according to *Vaata*, *Pitta* and *Kapha* conditions. I was using simple butter milk for diet and avoiding sour and punjent articles. An Allopathic doctor, fresh from College, that Y. Subba Rao was, he was astonished at the excellent results noticed in several difficult cases treated under my care and he then decided to pursue the research further, by going to foreign countries. He had the usual notion that only the West had proper facilities for research, because hundreds of students were sent by the Government to foreign countries for research. He then left for England and from there to America.

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After many years of hard labour and assisted by several expert assistants well known for their knowledge of the different branches of modern science, Dr. Y. Subba Rao discovered that not only *Bhringaraja* and *Bhoodhaatri* etc., that were used by us in those days, but many other kinds of chlorophyl of fresh leaves had a peculiar property on the circulating rights over disease of the blood. To me, it looks like a mountain in labour producing a mouse. They gave a new name of folic acid to the newly discovered substance a name which was probably derived from the suggestion that the word folio meant a leaf. The new drug was widely advertised as a wonderful cure for many diseases. We have yet to see how much of he advertisement would stand the test on the touchstone of clinical application. My belief is; that if the same experiments were conducted by Dr. Subba Rao with the aid of and under the supervision of Ayurvedic experts and with all the facilities which he had in America, a new light would have been thrown on these subjects.

Basic Culture of Ayurveda.

30. India possesses the key for certain sciences in which the West is groping in the dark. If the West is in the possession of a certain sciences dealing with inert matter. India is in possession of a certain higher sciences dealing with living matter, and of the science of the liberation of man. (Dosha) The *Tri-doshas* deal with living matter and have to be studied in the living state, as they are intimately associated with life-or soul. The word soul is not easily understood by a Westerner but it is a matter of commonsense to a villager in India. What I wish to emphasise here is that the mental outlook should change and that the research in Ayurveda should be conducted on the basis of Ayurvedic theories. Forced interpretations should not be made by twisting facts into a theory of modern science. True research mind and honesty of purpose are required for ultimate success. For instance, Susruta says that the classifications (*Rasa Dosha Kalpana*) should be made by careful direct (*Partyaksha*) experiments and observations of broad facts found in nature.

Pratyaksha Kalshana Phalaah
Prasidhaascha Swabhaavatah
Na Oshadheeh Hetubhih Vidwaan
Pareekheta Kadhanchana.

Susruta Sootra 40. 21.

The classification of all drugs into *Brimhaneeya* (promoting the growth of the body). *Lakshaneeya* (promoting life itself) is a very comprehensive scientific classification taking the action of food and drugs on a living organism as a whole. *Brimhaneeya* drugs and habits increase the anabolic processes and in the Ayurvedic language, they are said to promote *Kapha* (*Slesh - Aalingane* - to stick on), *Lakshaneeya* drugs and habits increase the Katabolic processes and in the Ayuryedic language they are said to promote *Pitta* (tap-to heat). *Jeevaneeya* drugs and habits increase the energy of life or in other words the power to move and in the Ayurvedic

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language promote *Vaata* (*Vaa*-to move). In short, *Kapha* cools *Pitta* heats and *Vatta* moves the body. We have to distinguish between the modern scientific language which deals with dead and inert matter and the Ayurvedic language which deals with living matter. It is by this basic culture of Ayurveda that is deeply rooted in the soil of India that India lives today. The top may topple but the bottom is steady inspite of all vesisitudes. If this India lives, Ayurveda also lives and conversely, if Ayurveda lives, the real India will also live. We have noticed above how the illiterate women of India have been preserving the culture of Ayurveda in the village. Even though the *Vaidyas* have themselves gone into the background, tempted by the glamour of western civilisation, the masses, who are the custodians of the real Indian culture have still stuck themselves up to Ayurveda, because it is they that can judge the ultimate utility and truth. The Government may fail to serve Ayurveda, but the people will not fail to support it.

Gandhiji's Remarks.

31. I am reminded here of what Gandhiji said one day to a foreign missionary doctor, who asked him for his advise as to whether he wished them to stay in India after India got her independence or to leave for their country. Gandhiji asked him to stay on, if he is prepared to conduct research in Indian drugs and make better use of them in the country or to go away if he wanted to continue to import his medicines from his country and exploit the poor Indians. Gandhiji said that the laboratory for his research lies in the jungles and waste lands of India and not in the costly buildings constructed in the towns. These are Gandhiji's words "There is much that is already known and much more can be known from the laboratory of nature". Susruta says, that all substances are endowed by nature with certain definite qualities such as *Rasa, Guna, Veerya, Vipaaka* and *Prabhaava.* "Even a thousand arguments cannot alter these properties. Our arguments may help us to understand better these properties which actually exist in them, but no one can question why nature gave such and such a property to a particular substance. No amount of our arguments can make the *Ambustaadi* groups of drugs a purgative, because by nature (*Swabhava*), that group is endowed with the contrary properties. Therefore, Susruta says that a wise man shall act according to the dictates of the science without wasting his time in vain arguments. Susruta Sootra. 40—20.

The purpose of all experiments and research should be to understand how nature acts in a particular situation and not why it acts in that way.

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Notes & News

Delhi Municipal Ayurvedic Indoor Hospital

While inaugurating the first Municipal Ayurvedic Indoor Hospital in Ballimaran, Delhi Kaviraj Hari Ranjan Majumdar thanked the Delhi Municipality for the enterprise and paid glowing tributes to late Hakim Ajmal Khan and Lala Madan Mohan Lal who did Yeoman's service for the spread of indigenous medicine.

Tracing the history of this dispensary and recalling his eleven years close connections with the institution the Kaviraj said "Behind this proposal I foresee a bigger institution and I am sure the Municipality of the capital of independent India consistent with is prestige can not remain idle by starting such a small Hospital. We should not feel discouraged to handle such a small hospital". Appealing to the Vaidyas, in general he urged upon then to uphold the fair name of this hospital and work selflessly. "If we are honest and faithful for this humanitarian task, I think, our success will be assured" he said. Suggesting to acquire a bigger area of land near about the city to erect the hospital building he gave some practical suggestions to cope with the financial difficulties including the starting of a pharmacy by the municipality.

Mr. Majumdar drew particular attention to the utility of Indoor Hospitals as a regular record of successes or failures can be maintained there which is not, at all, possible in out door dispensaries. He diplored that while a number of dispensaries & hospitals is increasing, the health of the nation is deteriorating. He laid great stress on utilising the hygienic methods by the people which is the sure way of warding off the diseases.

Concluding his address Kaviraj Majumdar said by hygienic we generally understand western hygiene. It has is value in its own sphere. But, the hygienic instructions given by the Ayurveda can play a very important part in the prevention of diseases of the people of the country."

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All-India Ayurvedic Congress News

PRESIDENTIAL ADDRESS

delivered by

VAIDYA RATNA PANDIT SHIV SHARMA

Ayurvedacharya, Ayurveda Brihaspati (D. Sc. A.)

at a

SPECIAL SESSION, GHAZIABAD-DELHI.

"It is noteworthy that it is never the great scientist, but always the second or third-rate scientist who regards the scientific as the only path to truth. Great learning inevitably brings great humility. As the circle of light broadens in which the seeker after knowledge stands, so does the encircling darkness appear greater. What is known, compared with that which remains unknown, seems infinitesimal. Why should any one, who is so conscious of how little he can see, proclaim that he alone is fitted to show the way to his fellows ? He does not proclaim it, but on the contrary, welcomes his fellow pilgrims, those who follow a different path —Kenneth Walker (*Diagnosis of Man*).

Friend,

This momentous session has been specially summoned to take stock of our difficult problems which not only go on eluding solution but also continue to become progressively complicated.

The Government continues to entrust the future of Ayurveda to such allopaths as have never in their life-time disguised their antagonism to its popularity or their ignorance of its knowledge.

The Ayurvedic colleges continue to deteriorate under their allopathic masters

The task of liquidation of such allopaths as made a serious study of Ayurveda and professed respect for it is nearing completion. One by one they have been eliminated from places of authority, responsibility and initiative *vis a vis* Ayurveda, and their places filled by persons of a different category aitogether.

A new element, confidentialism in medicine, unknown during the British regime. when war on Ayurveda was conducted openly to meet the threat it constituted to the British drug imports of eighty million rupees per annum, has been introduced by the central government. Instructions prejudicial to Ayurveda are thus circulated to various States without the profession or the public being given a chance to expose the fallacies and dangers lying behind such moves. Sometimes these documents carry elements of unjust coercion with them, but any public discussion of their contents can render the "offender" liable to prosecution under the secret documents Act.

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The curriculum of Ayurvedic studies, incorporating necessary useful modern advances, is still not ready. The Ayurvedic Congress is shy to invest money in this venture, and the central health ministry is not inclined to place a single penny in the hands of the vaidyas.

The products of the government Ayurvedic colleges are looked upon as quacks by the vaidyas of the old school and the vaidyas of the old school are looked upon as quacks by the government.

Finally, the decisions of the Reversal Committee, *i.e.*, the committee constituted by Dr. Raja and the Honourable Rajkumari Amrit Kaur to reverse the unpalatable recommendations of the Chopra Committee, euphemistically called the *Panlit* Committee, coupled with the decisions of the Health Ministers Conference add up to an impossible situation for us, the implications whereof have already been discussed by me in my address to the Bombay State Ayurvedic Conference in the following words:—

> "There is no objection to raising the standard of the allopathic qualifications, but certainly the standard of Ayurvedic teaching should also be raised if the Ayurvedic graduate has to take his proper place as a practitioner in the public. The Ayurvedic curriculum itself shall not take less than five years if finished vaidyas are to be turned out. The Health Ministers appear to have unconsciously assumed that the students joining the Ayurvedic colleges shall be so brilliant and intelligent that they shall complete a double course requiring ten years within a period of five years; and that the students joining the allopathic colleges shall be a set of duffers requiring five years for a course which the Ayurvedic students would complete in half that period. On behalf of the Ayurvedic students I thank the ministers for this flattering assumption. only there is no warrant for this flattery or for flinging that insult at the allopathic students. The other alternative is raising the Ayurvedic curriculum to 10 years which shall ensure for the power bloc what they have been presumably working and hoping for, the final closure of these colleges for lack of applicants for admission. There is yet another solution for them—bringing the standard of Ayurvedic teaching to a miserably low level, but that merely means the maintenance of the *status quo* Evidently it is a stalemate, if they are really sincere about the training of the Ayurvedic physicians Forging ahead with these resolutions points out to one direction only....."
>
> "The products of the government Ayurvedic colleges have not attained the academic or professional stature which the products of the *Guru Shishya Parampara* achieved. Although from the strictly Ayurvedic point of view, the charge of quackery shall fall on the former and honour of true scholarship and competence on the latter, the law recognises the former and incriminates the latter type. We have been reduced to a very unenviable position; either become quacks and get recognition, or be competent and get prosecuted as criminals. It is far more profitable to put the students to full fledged allopathic

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colleges for enabling them to meet the provisions of the law and then coach them in Ayurveda ourselves for purposes of standard Ayurvedic practice than to waste a precious part of their lives in pseudo-Ayurvedic and semi-allopathic colleges where the atmosphere is anything but congenial to the Ayurvedic learning. But the number of such vaidyas is small who can reclaim the minds trained in allopathy for five years back to Ayurveda."

Some of these situations require to be discussed more elaborately.

The Procrustean bed

In the Greek mythology we come accross the story of a robber named Procrustes who used to decoy travellers to his house and feast them heavily on food and drink. The unsuspecting guest was quite happy till he went to sleep on the famous bed of Procrustes. Once he lay down on the bed Procrustes insisted that the length of his guest should be exactly equal to the length of the bed. If he happened to be shorter in size his head and feet were stretched in the opposite directions till he became long enough to fit the bed. If the victim happened to be longer than the bed, portions of his head and feet were chopped off to suit the dimensions of the bed. It is said that Procrustes greatly delighted in this sport which invariably resulted in the victim's death after which his belogings were appropriated by the robber.

Originally this role of Procrustes had been taken over by the central health ministry with allopathy as their bed on which Ayurveda was to be fitted after being duly stretched and chopped. But whereas, for reasons to be elaborated later, the Government changed its stand completely, some well meaning Ayurvedic physicians, including some of the front rank scholars themselves, have taken over the impossible task of fitting Ayurvedic concepts on the allopathic ones in the hope of winning over some westernised monomaniacs to support or, at least, to show less intolerance to Ayurveda.

While going through the proceedings of one of the councils of eminent vaidyas, for whose learning I myself have a high regard, I was surprised to find an undisguised effort to force allopathic interpretations on the Ayurvedic terms. But this was not the worst part of it. The climax lay elsewhere altogether—in the fact that every such Ayurvedic term or concept as defied all efforts at stretching and chopping and refused to fit the Procrustean bed of allopathy, was relegated to the *chintya*, i.e., the "undecided" or "to-be-considered" category. In other words, whatever part of Ayurveda fits an allopathic concept actually or in imagination, is entitled to become an accepted and settled fact; and whatever does not fit the allopathic pattern is for the time being dismissed as a subject for future consideration. This resignation in favour of allopathy can serve no other purpose than making Ayurveda a laughing stock of both the allopaths and the intelligentia.

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Besides, it must be remembered that (a) not only a large number of modern medical concepts but even the concepts in the field of more accurate sciences such as mathematics, physics, chemistry, etc., are not yet co-ordinated, and, in certain respects run counter to each other; (b) even the ancient Indian sages have offered alternative explanations for physical and metaphysical phenomena without their being prejudicial to each other; (c) the assertion that truth is only one is now being attacked vigorously and successfully by the western scientists also; (d) allopathy itself is shifting ground and turning to Ayurvedic concepts and (e) the set of people who are sought to be pleased and appeased by misinterpreting Ayurveda to suit their fads, may be replaced by another act exhibiting intenser nationalism as a reaction against intense internationalism, whatever that means.

Let us examine these factors in detail:

(A) Alternative and Contradictory Modern Concepts

Lord Kelvin's declaration that he could understand nothing of which he could not make a working model is an indication of how sure the nineteenth century physicists were of their 'scientific' grounds. But since then science has drifted more and more into abstract mathematical formulae, and the very ideas of gravitation, time and space have undergone radical changes. A number of important modern mathematical and scientific concepts now exist in direct contradiction of each other. At one time it was taught that Euclid's axioms were "necessities of thought." "But," says W.N. Sullivan, "a hundred years ago Lobachevsky, a Russian, and Bolyai, a Hungarian, found independently of one another that Euclid's geometry is not a logical necessity. For two thousand years Euclid's axioms had reigned unchallenged. That they were 'necessary truths', true for angels as well as men, true even for God Himself, was admitted by all philosophers..... Even the mathematicians of the time thought that Lobachevsky and Bolyai were mad. And the great Gauss, who had in private reached similar conclusions to theirs, confessed that he had been afraid to publish his discovery.....Gradually the human imagination learned to expand to these new concepts.....*It became clear that we can start with any set of axioms, provided they are consistent with one another* (Italics mine).

> "Some of these geometries are very much like Euclid's and some of them are very queer indeed .....which of these geometries are we to apply to actual physical space, the space in which the sun and planets and the millions of stars? As long as it was assumed that the only possible geometry was Euclid's geometry we had, of course, no choice. But now that we know that other geometries are possible we can ask the question. The question is to be decided by measurement. Our measuring instruments may be rods or clocks, or rays of light and vibrating atoms. What geometry best describes their observed behaviour? It is found when the measurements are made, that a particular form of geometry, invened

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> by the German geometer Riemann, best meets the facts of the case. Einstein was the first to realize this and he has applied this geometry with immense success. *Scientific men are now convinced* that we live in a space which is not governed by the laws of Euclid's geometry, but by the laws of Riemann's geometry."

To save time and space I give here a few of the many laws and axioms which are the exact opposites of those taught to our allopathic friends in their courses of study to-day, and, which form the real basis of the truly modern physics :—

The total volume of space is *not infinite*, but finite. The shortest distance between two points is *not a straight line*. The three angles of a triangle *do not* add up to two right angles. Light *does not* travel in straight lines. It exerts pressure on the object it falls. The finite but spherical space is continuously expanding in volume ! The space is not three dimensional. The influence of one electron extends throughout space. When an electron revolves round a proton in an atom, it jumps from one orbit to another *without traversing the intervening space*. To finalise this befuddlement, some front rank physicists have attributed *free will* to it, thus putting an end to absolute mechanical approach altogether.

What would be the feelings of Sir Isaac Newton if he was born in the Einstein era ? While he will be happy to find his theory of gravitation being still faithfully taught and assiduously studied in the pre-medical courses of the 'scientific' medicine, he shall be shocked at the casual dismissal of his great discovery by Sullivan :

> "Newton's theory of gravitation was regarded for over two hundred years as "the most perfect, and perfectly established, of scientific laws." Its accuracy and perfection became proverbial; it was the ideal by which other scientific theories were judged. And great mathematicians have been unanimous that Newton's discovery and development of it was the supreme achievement of human genius Yet to-day we account for gravitation in entirely different terms. Our whole outlook on this question is radically different from the Newtonian outlook. It is not only that *the Newtonian theory leads to results which are incorrect in detail; the whole method of thought on which it reposes has been abandoned, root and branch.*"

Leave aside the layman, the average allopath himself is not aware of how much his curriculum is loaded with a large bulk of theories which were exploded long ago. Nor does he realise the extent to which he is kept a stranger to the newer aspects of modern science and the new medical outlook. An allopath, who is an old and a dear friend of mine, having read a summary of my Madras address on Kapila's basic element, *Prakriti*, in which cosmic energy and inertia coalesce, become one and neutralise each other, tried to discuss the subject with me, found it beyond his academic horizon and wound up the talk with the remark, "You are mischievous. You are taking advantage of our ignorance of modern physics. I will refer your article to some professor of physics !"

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But even if we leave out of discussion such portions of modern science as are unfamiliar to the student of allopathic medicine; there are a number of alternate theories covered by his courses of study. He is taught that the highly penetrating rediation reaching the earth is produced by the *building up* of matter on the distant stars. Alternately, he is taught that it is produced by the *annihilation* of matter. According to the wave theory of light the electrons are *waves*; according to the corpuscular theory they are *particles*. Neither of the two theories can be abandoned in favour of other as certain phenomena are explicable on the basis of the former, and others on the basis of the latter only.

In the field of psycho-analysis, four contradictory schools of thought, those of Freud, Addler, Jung and Steckel, all led by distinguished intellectuals, continue to uphold their contentions against those of others. Biology is no exception. The followers of Weismann are at loggerheads with the followers of Lamarck on the issue of mutations and changes in species.

Opposite Stands in Allopathy

In modern medicine the differences are even more spectacular. Dr. P. V. Benjamin, Advisor on Tuberculosis, Director General of Health Services, New Delhi, an authority on BCG vaccination, says,

> "Accumulated experience in many countries covering a period of *twenty years* shows that the (BCG) is an effective and safe preventive measure."

Dr. W. H. Bradley, Senior Medical Officer, Ministry of Health, England, says,

> "The prophylactic use of BCG is still a controversial question, and after *twenty years* of trial has left the medical profession in a state of confusion as regards its efficacy."

Sigmund Freud asserts that any doctor who prescribes medicine in cases of hysteria is a quack. I have not come across one yet *who does not.* The American doctors are fighting shy of prescribing sulpha drugs any more. In India they are prescribed with a vengeance. Robson and Keele (*Recent Advances in Pharmacology*) refer to the two different assumptions, that there is no relation between drug dosage and liability to sensitization and that greater dosage leads to greater frequency of sensitization reactions. On the subject of the effects of the adrenal cortex in the body they confess, "There is no simple theory which will explain the large number of experimental findings". Incidentally; "wounds show no signs of healing and abscesses no signs of granulation tissue formation, in patients (or animals) to whom cortisone (or ACTH) is being administered." This is just to warn the patients and the doctors who are anxiously waiting for the first arrival of this drug in India (which is probably due only next month). "There is still much controversy," say Robson and Keele, "about the place of thiouracial and its derivatives in the treatment of hyperthyroidism."

(To be continued)

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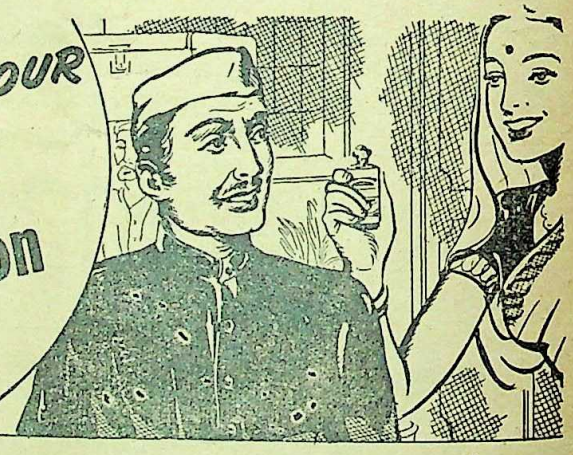
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THE JOURNAL OF AYURVEDA

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(शुक्ल यजुर्वेद ३६।२४)
मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 3 August, 1951 No. 8

EDITORIAL

THE PANDIT COMMITTEE REPORT
II
"The Swan that is Only A Goose !!"

One persistently repeated demand of the antagonists of Ayurveda has been that the science originated in a vast speculation, and, as such, it had to meet the challenge of the age to prove the validity of its doctrines by modern scientific methodology ! We propose to examine in this article whether the facts, as they are, go to show, conclusively, firstly that the modern scientific thought is sufficiently comprehensive, secondly whether we have *now* with us the material aids and implements that would seem to be necessary to test the doctrines of Ayurveda in the modern scientific way, and lastly whether the representatives of the modern scientific system of Medicine, at any rate in India, can provide the men with the necessary 'mental' equipment to 'plan' the experiments and controls needed for the tests. We have already referred to the common human fault of taking the 'limits of one's own field of vision for the limits of the world', and our Indian medical authorities have exhibited this particular 'human' quality in an abundance which has, on the one hand, proved exasperating to the orthodox ayurvedists, and on the other extremely disappointing, even despairing, to the few who, inspite of their training in the modern scientific system of Medicine, have come to believe that the tenets of Ayurveda deserve well of the modern medicos !

The belief that Ayurveda is one vast speculation has taken its root in the minds of the modern allopaths mainly because of the emphasis laid by all important Ayurvedists on the study of the '*Darshanas*' (Philosophies) as a prerequisite to the study of Ayurveda. With their self righteous, albeit superficial, logic, they consider that any science of health and disease which depends on the premises given by a science of pure thought, a 'mental' attempt to understand or explain the nature of phenomena or matter, of human

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action and conduct, the mind and its reasoning etc., must be so far away from reality that it could hardly be at all expected to enunciate principles which could be of any use by the patients' bedsides (!!). Although they all admit Darwin, the layman, to the most respectable place amongst scientists as the propounde of the Theory of Evolution they have very little regard for the type of reasoning, (if they have heard of it)—an intimate combination of the inductive and deductive—which he adopted in his ORIGIN and DESCENT OF MAN.

To the Orthodox Hindu *Shastree* (Scientist) his own branch of the 'six' sciences is enough to explain the riddle of the Universe completely. Yet an anecdote current amongst the students relates how some of them are accustomed to take a very narrow view of things A Guru, runs the story, used to give instructions to two batches of students in different *sciences*, *Nyaya*, and *Vyakarana*. (Logic and Grammar.) His wife was intrigued, however, to find that he showed a special preference to the students of '*Nyaya*'; On being questioned about this the *Guru* 'planned' an 'experiment' ! He asked his wife to tell the students of both the batches, as they arrived for their lessons next morning, "There would be no classes; the *guru* is ill, as "A chameleon has entered his pelvis !" The first to arrive at the *Guru's* house next morning were the *Vyakarana*-students, and, on being told, as prearranged, they just considered the proposition in its grammatic aspect, and having been satisfied that it was unexceptionable. went back: Then the students of '*Nyaya*' were told the same thing, but they, having looked into the meaning of the sentence uttered, discerned that it suffered from a fallacy called '*A-Sambhava*' (impossibility), and, therefore, decided that it must have been a ruse used by their preceptor to test their understanding; They, therefore, insisted on seeing their *Guru* to get their lessons; When they went back after their lessons, the *Guru* asked his wife whether she could appreciate the difference between these two types of '*shastris*', and the reason for his preferences for the latter ! ?

While we have, as every one must have, the greatest regard for the accummulation and organization of knowledge acquired by means of tested methods of observation, which is the scientific method, we cannot forget that the purpose of the method is the formulation of general laws or hypotheses to account for natural phenomena or their behaviour; We have, therefore, sometimes wondered whether our allopathic friends with their borrowed pride for the scientific method,—their own *science* of Medicine, being admittedly more than half an *Art* - and their little daubs of paint in the sciences of Physics and Chemistry, Biology, Biochemistry and Biophysics, have still not elected to assume the role of the *Vyakarana* students in the above anecdote ! They seem easily to forget that (western !) scientific activity like all other human activities has developed and evolved, and by no means all the stages in its evolution have merited the title of scientific. They seem to forget, all too easily, that the (modern) science of living beings generally, and especially of the human individual, has not

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yetpassed the descriptive state, and can not be compared with sciences of inert matter like Astronomy, mechanics, and physics the conceptions of which can be expressed, tersely and elegantly, in mathematical language. The foremost amongst them have already started realizing that Man, as known to the specialists, the corpse of the anatomist, the chemical substances constituting the tissues and humours of the body, and the amazing community of cells and nutrient fluids of the physiologist, and the consciousness of the psychologists, is far from being the whole man, the real man. All too regretfully, one observes that they foist the docrines, beliefs and illusions of the western scientists, who studied their Man piecemeal, to study the concepts of the ancient science with its confident and lofty claim that it could talk of 'that knowledge which if known, there remains nothing more to be known !! (*Yat dnyatva naiva bhooyo anyat dnyatavyam avashishyate* !) They have no concern for the fact, noticed by some of them, that among the modern concepts relating to man, some are specific of him, others belong to *all* living beings, and still others are those of chemistry physics and mechanics. Saturated with the prejudices of their environment and of their epoch, they willingly believe that facts that cannot be explained by current theories do not exist. They implicily believe in the western conception that primitive man conceived disease, like all other harmful anomalies, as evidence of malevolence on the part of an enemy: an ill-disposed individual in their midst, a departed ancestor, an angered god, the rising moon, or the mounting storm. They laugh at this irrationality with great amusement and contempt, but seem to take no account of the fact that the followers of Galen who could see only perfection in the human body, the modern physician who often sees disharmony in it, and the modern (more modern !) *true* physician who conceives in Man's body 'not a graven image, but an interaction between the unstable equillbria of the body and the equally unstable equilibria of the outer world, leading not to a fixed product, but another labile equilibrium', and, therefore, conceives the body not as a solid medium, but 'only motion and amorphous man', are all followers of *scientific* medicines.

If the purpose of the scientific methods is the formulation of laws to account for natural phenomena or their behaviour, does it not stand to reason that all persons claiming to be scientists would show a willingness to study any hypotheses which seem to explain the occurence of a very wide variety of facts with the same laws ? It is freely admitted even by western writers that "Medicine owes to Greece a working method and a fallacious philosophy. The formative influence of Greece is still reflected in the title of the physician, for the student of medicine, '*physis*' being the Greek for 'nature'. In the empirical methods of Greece careful observation and systematization of experience is observed;" Whether the claim of the Ayurvedists that the Greeks learned their *sciences* from ancient Hindu masters is accepted or not, is it not the duty, atleast of physicians who call themselves Indians, and pride over it, to study whether the Greecian method, *'which is still the method medicine*

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dursues to-day', had any similarity of conceptions with the Hindu method, with the difference that the Greecian philosophy has been superseded,—With advancing knowledge—but the Indian Philosophy remains unassailable ? Literature shows that the Greeks who copied the philosophies prevalent in their times (Indian ?) "conceived of disease as a disturbance in the relations between blood, phlegm, black bile, and yollow bile, the animal counterparts of water, fire, earth, air, the four elements of which *their* universe was composed. A system of treatment emerged out of this conception of disease as an imbalance of the four cardinal elements of life." Is it not extremely painful to observe that men who pride over their rationalistic attitude simply automatically identify these discarded doctrines of the Greeks with the Ayurvedic conception, and the primitive man of the westerners with the ancient *Rishis* with their profound wisdom, and runs to the conclusion, that just as the Greek conceptions and the primitive man's conceptions were discarded so too, those of the ancient *rishis* should also be thrown on the scrap-heap ? Is it not their duty to recognise at once the difference between the primitive man of the westerner, and the ancient *rishis* who in the very first chapters dealing with anatomy of their books—dealing with the Science of Life, and Health, which health is essential for the fulfilment of Man's social and religious duties, and the attainment of his spiritual perfection (Salvation)—talk of a Cause, of creation which has itself no cause, of which capability of affinity or judgment, of change, disintegration or roots of energy, and of formative processes and grossness or mass, are the three signs, which is the cause of all beings, (animate and inanimate) on the Universe, as well as the cause of the universe itself ?"* And between the blood, *phlegm*, black bile and yellow bile, *all gross substances* with the subtile *vaat, Pitta, Kapha* ? The entire work of the scientists is an uninterrupted chain of doubts "wrote Ernst Von Bergmann, and while doubt has its uncontested value in the advancement of knowledge is not the fact that "Scientific discovery and scientific knowledge have been achieved only by those who have gone in pursuit of them *without* any practical purpose whatever in view" as Max Planck put it, any value in the context of the claim that the authors of the Indian conception of the Universe had just such an attitude ? There is one quality more important than know-how; This is to know what; Is the writing of the ancients who seem to have postulated a subtle theory which at once explains the phenomena of evolution, of health and disease, of the action and properties of drugs, to be tested by the crude methods of modern sciences in which the techniques admittedly do not grasp things without weight and dimensions ? Could the most elaborate techniques dependent on structural changes, however minute, be expected to verify functional changes which precede the structural changes ? Could hospital statistics based on such observations ever throw any light on the basic conceptions of the Science of Ayurveda ?

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*सर्वभूतानां कारणमकारणं सत्त्वरजस्तमोलक्षणम् .. .. अखिलस्य जगतः संभवहेतुः ।

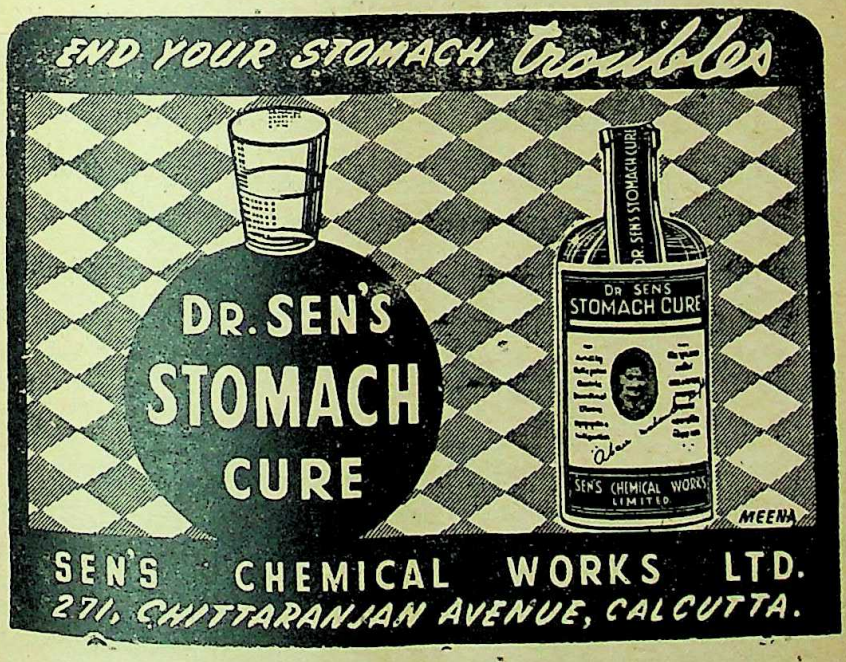
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Having seen that the modern scientific thought can not approach the thought of Ayurveda in its comprehensiveness, let us try to see whether we have *now* with us the materials and implements to test the doctrines. In doing this we shall have to study some known facts and consider the limitations of technical methods which have prevented further study. In considering this fact it must be constantly borne in mind that "the wish can be father to the thought, and when emotional resistance is involved, it can warp the judgement and contaminate the so-called pure intellect; What are the facts ? What are the methods used to study them ? and what are the results ? The general properties of animals and plants which confronted Darwin and his contemporaries still confront the biologists to-day, and if the single fact that all organized life starts as an embryo and this embryo, "in animals widely different as adults, may resemble each other *to the point of deception*" be alone considered, it may have to be admitted that it could only be accounted for either by some natural law, or the intervention of supernatural power or mystical agency.

N. R. A.



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Leucoderma

By

SRI LAXMINARAYAN SAHU M. C. A.

26 Queensway, N. Delhi.

According to Ayurveda, there are various kinds of Leprosy. They are 18 in number. Of them 7 are known as *Mahakusth* and 4 are known as *Khudrakusth;* i.e. of lower type.

But according to Allopathy, leucoderma is not leprosy.

Whatever the scientific difference between Leucoderma and Leprosy may be, popularly, of course, Leucoderma is known as white leprosy. And as such, it is looked down upon with as much horror as Leprosy.

White Leprosy is, according to Allopathy as well as Ayurveda, due to depigmentation of the skin. How it happens is not yet very well known. But it is summarised that it depends upon wrong dieting. It is due to certain foods which may aggravate depigmentation. And as such, such foods ought to be avoided.

Again that it may be said that one of the reasons is it is due to sluggish action of the liver. Therefore, proper steps should be taken to see that the liver functions well.

Leucoderma is an affiction commonly seen in the coloured races in the tropics. As its name implies, it is white skin. This is a painless disease in which the skin gets depigmented which, if treated in the early stages, can be cured. It is not known what the exact cause is for depigmentation. But it has been known that in the early stages of the disease, it can be cured by applying irradiated ergosterol which is very commonly found in irradiated cod-liver oils. By smearing the body with these oils and exposing it to the rays of the sun, it is known to yield results.

Certain cures have been reported by Homeopathic doctors also.

The latest remedy that is being tried in America for Léprosy, i.e. Diason, is also being tried for curing leucoderma.

In leprosy the skin is also depigmented, and then it becomes red and so on.

But in leprosy the skin where it is effected, swells up higher than the surrounding areas. Then there are other physical and chemical tests. The public mind ought therefore to be thoroughly educated early from high school stages, so that they will not grow up in ignorance and fear of leucoderma, and also leprosy—for leprosy is not dangerous at all stages and this seek early cure of them if they get these diseases.

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Leucodermic patients suffer terribly psychologically on account of social boycot

As in leprosy so in leucoderma, the Ayurvedic doctors say that it is due to opposite foods taken together that people get leprosy as well as leucoderma. The opposite foods are like certain kinds of fish and milk taken together, overripe white raddishes and milk taken together. It is also said that sudden cooling of the body after great heat by bath is also responsible for skin diseases such as leucoderma, leprosy etc.

Allied to leucoderma there is another which is white spotted and is called किलाश. There is a story about the disease. Ten thousand years ago, so goes the tradition, "*Swetaketu*" while a Brahmachari, i. e. a student, got the disease and then the two famous doctors, the twins, the Asvanikumaaras advised him to take "*Madhu* and *Mans*" i. e. honey and meat as the cure for the disease. Swetaketu at first objected to taking honey and meat as he was a 'Brahmachari'. But the *Asvanis* said 'that is your medicine'. Reference to this is found in काठक संहिता of '*Black Yayurveda*'.

श्वेतकेतुम् ह आरुणेयम् ब्रह्मचर्यम् चरंतम् किलाशजग्राह
तम् अश्विनौ ऊचतुः मधुमांसौ किल ते भैषज्यम्

This ought to be researched :

The white patches of leucoderma are due to second layer in the skin getting diseased. When the first layer is rubbed off generally we find in the second layer the white portions. It is for this reason that the Ayurvedic doctors advice rubbing off of the first layer of the skin with some rough leaf such as leaf of '*Shefalika*' and then apply '*Bauchi oil*'. Colonel Chopra in the school of tropical medicines used to give injections of *Bauchi oil* intradermically. In the early stages, white laprosy or leucoderma is amenable to cure. Afterwards it becomes almost impossible of cure. In certain cases leucoderma spreads very quickly all over the body in a galloping manner. In certain other cases it increases slowly. Some people get luecodermic patches even at an advanced age. Some get it early.

There are certain foods which do not agree with certain people. Such foods ought to be eliminated from the dietary of those people. They must also be particular to observe which foods do not agree with them. Elimination of such foods is essential. It may be said that it has been found out that due to want of proper and sufficient exercise of our limbs we get many diseases. Therefore, we ought to take exercise. The more facility of travel and living we have in these days, the weaker our limbs become for want of proper exercise, therefore more and harder exercises are needed for maintaining our health.

Secondly, another secret of good health is brain activity. It is said that there is electric power in the brain which invigorates

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the whole body and is an important factor in resisting diseases. At whatever stage of life we may be, we ought to live and think. Let not our minds get dull. Thus we can fight diseases by our will, determination and courage.

In fact many doctors say that there is nothing as disease. It is the creation of the mind. Therefore, make the mind active living and thinking and diseases will not be able to attack you so terribly as it does now.

The psychological effect on a leucodermic patient is very great. He suffers from social boycott. He is as a leper. He cannot easily get a bride. Nor a woman a husband. Thus life becomes miserable for him. Sometimes such a patient is driven to despair for he cannot be associated with any public work, he cannot easily enter government service. Thus he is driven from despair to desperation at times and he commits suicide.

Let us hope society will be properly educated to sympathise with luecodermic patients more truly and well so that they may carry on life's burdens as easily as they can. Let us not add to them trouble any further.

There is an arsenic treatment by mouth, which is a special preparation for this disease. There is another which is injection gold which should be injected around the patches. This treatment is rather hard. A very healthy person and at the same time a rich person can only stand it.

Good food counts very much. One should eat good ghee and not use mustard oil. Green vegetables, fruits are good for health. But curd, milk and butter should be stopped in case of Leucodermic patients as whiteness of these things has some relation with the disease.

Patients should not purchase medicines from advertisements. They should consult doctors. If they rely on advertisements, in most cases they will have to feel sorry for the cure will be distant and only money will be spend.

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Tridosa Vs. Tridhatu.

(A Contradiction)

By

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In the April issue of the Journal of Ayurveda Dr. D. N. Banerjee, an enthusiastic student of Ayurveda, a veteran professor of Pathology and a practitioner in allopathy under the caption *Tridosa* vs. *Tridhatu* has come out with an air of superiority over *Madhab* add *Gangadhar*, the two Ayurvedic authorities recognised all over the Ayurvedic world, in point of exposition of *Dosa*, *Dhatu* and *Mala*. I can follow the good intention of Dr. Banerjee for avoiding all confusions about the three terms but I have failed to follow his reason. Any how his queer theory goes against the very fundamental of Ayurveda so I raise my little finger of protest against the veteran professor.

In his concluding remarks he has sought to establish

A—That three *dosas* (*Vayu*, *Pitta* and *Kapha*) cannot be called *Tridhatus* in any sense of the term. They should be called *Tridosa* under every circumstances whether in normal state or abnormal.

B—The term thirteen *dehadhatus* in a misnomer.

C—The three *dosas* should not be termed as *mala* as used by *Madhab* (in his Nidan) and *Gangadhar* (in his Jalakalpataru Tika of Charak). I shall refute his unreasonable and concluding remarks in the following few lines categorically.

To support his queer theory he has cited numerous quotations and brought in the question of dignity in the case of *Tridosas* and has found an analogy between the dignity of a housewife and that of *tridosas*. His analogy is simply fallacious for when a housewife sweeps a house, she is sweeper for the time and the fact cannot be gain-said. Most of his authoritative quotations go against his own arguments. However, his theory is illusory and pedagogic in outlook and devoid of all realism. There may be a sincere effort on his part for averting a confusion in understanding the real import of the above three terms but he has failed to go to the root of the question and solve it in the spirit of an Ayurvedis and he has thought about the whole thing in the context of confusion only. A close examination of distinction between a *dhatu* and a *mala* would have simplified many things.

As this contradiction is written in support of Ayurveda's own fundamental every faithfull journal of Ayurveda should make it a point to publish it in its own vernacular.

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He has begun well and explained apparently excellently *Vayu, Pitta* and *Kapha* as *dosa*, as *dhatu* and as *mala* but has failed to recognise that every *dhatu* when acted upon by its inherent *agni* produces a *dhatu* and *mala* and that non-recognition has been the root cause of his dilemma. *Tridosas*, an abbreviated concept of *Panchamahabhut* when acted upon by their respective *agnis* produce *dhatus* and *malas* of the same name (*Tridosas* are the abridged form of *Panchamahabhuta* in a living body and they are *Vayu, Pitta* and *Kapha Akasa* and *Vayu dhatu* composing *Vayu*, and *Tejadhatu* renamed as *Pitta* and *Apa* and *Prithwi dhatu* as *Kapha*) whereas other seven *dhatus* produce *malas* of different names. So *Gangadhar* mentioned the very terms *Vayu, Pitta* and *Kapha* as *malas* and *Madhab* used *Mala* in the sense of *dosa*. Any how they are interchangable according to sense. As regards the universally recognised seven *dhatus* namely *Rasa, Rakta*, etc., when acted upon by their inherent *agnis* produce also *malas* and *dhatus* which have separate names. Moreover, the term *dhatu* being derived from the root 'dhaa' has the sense of body support inherent in it and in that sense three principal malas (पुरीष, मूत्रव स्वेद) are considered as *dhatus* in a limited sense. *Chakradutta* in यक्ष्मचिकित्सा says—

शुक्रायत्तं बलं पुंसां मलायत्तं हि जीवितम् ।
तस्मात् यत्नेन संरक्षेद् यक्ष्मिणो मलरेतसी ॥

There *mala* and *retas* (शुक्र धातु) have been placed in the same category of a *dhatu*. In most of the reference *slokas* used by Dr. Banerjee (1) शरीरमिहं धार्य्यतेद्वारमिव स्थूणाभिस्तिसृभि : (2 देह एतैस्तु धार्य्यते (3) धारणात् धातवः प्रोक्ता मलिनीकरणान्मला : (4) धातवो देहधारणात् etc., etc., the root 'dhaa, has been utilised in the sense of body support. In this sense every *dosa* is a *dhatu* or three principal *malas* may be called also *dhatus* in an indirect way. Charak says—

भौमाप्याग्नेयवायव्याः पञ्चोष्माणः सनाभसाः ।
पञ्चाहारगुणान् स्वान् स्वान् पार्थिवादीन् पचंतिहि ।
यथास्वैरेव पुष्यन्ते देहे द्रव्यगुणाः पृथक् ।
पार्थिवा : पार्थिवानेव शेषा शेषांश्च कृत्स्नश : । च०चि० १५अ:

Chark here mentions 5 *Bhutagnis* which act upon the five *Mahabhutas* inherent in the food materials and medicinal drugs and support the body. During this tranformation *mala* is an inevitable bye-product. *Tridosa* being the abridged form of 5 *Mahabhutas* the *malas* are three in number. His reference to Sushruta's and the same in Astangasangraha are justified here. These two combined *dhatus* are acted upon by their inherent *agnis*. So Charak and Shusruta and Bagbhat recognise indirectly *Vayu* as *dhatu* and *Vayu* as *mala*. Madhab has used the term मल : in the sense of *dosa* and Gangadhar have only lucidly explained them. Bagbhat,

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Charak and Shusruta have recognised Rigveda and Mahabharat rather followed them. It is Banerjee who differs in the interpretation Now he is a pioneer in this line of reformation.

So Dr. Banerjee's first conclusion does not stand at all. That there are thirteen *dehadhatus* has been already proved so his second conclusion is not justified. That the three *dosas* have been termed as *malas* when acted upon by their respective *Bhutagnis* has been also clearly explained so his third conclusion is also erroneous. Madhab and Gangadhar are amply justified to use the terms *Vayu*, *Pitta* and *Kapha* for *mala* in the wake of all their predecessors.

Lastly Dr. Banerjee refers to *dhatupurusa* or *Jibatma* in support of his confusion. He has perhaps misunderstood the whole thing. There *dhatupurusa* or *Jibatma* (in the first Chapter of Charak, *Sarirsthan*) has been subdivided into 24 forms no doubt but they are not *dhatus* in the same sense as we find in 13 *dehadhatus*. In order to distinguish परमात्मा or पुरुष from जीवात्मा, शरीर, प्रकृति or क्षेत्र as explained also in Bhagabatgita Chapter 13 and similar philosophical dissertations, this *dhatupurusa* is mentioned as a synonym for प्रकृति (शरीर) in Ayurvedic term. It is the philosophical aspect of a human body. It has no direct connection with 13 developed *dehadhatus* mentioned throughout Ayurvedic literature so the question of confusion does not arise at all. Dr. Banerjee has dragged in a groundless confusion by mentioning 24 *dhatus* along with thirteen *dehadhatus* totalling 37 in all. I request him, if he is convinced by my arguments, to withdraw the remark against Madhab and Gangadhar, the two scions of the Ayurvedic firmament.

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Ayurveda Versus Modern Science

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Ayurveda

Ayurveda instructs about life. *Maharishi Atreya* has defined Ayurveda as "that branch of knowledge in which are described what is beneficial to life and what is detrimental to it, the measure of its span or duration". Susruta defines Ayurveda as "that by which *Ayus* is known, examined or attained".

Susruta says "Ayurveda is an *upaanga* of *Atharva Veda*. The source of general medicine in the science of life is *Rigveda* and that of Surgery is *Atharva Veda*. Ayurveda originally contained one hundred thousand verses divided into many chapters.

Ayurveda is the science of healthy living and longevity. The main purpose of this science is to keep people healthy and, whenever they fell sick, to restore the health that was lost. Restoration of health does not mean fighting diseases with poisonous drugs. Every method of promoting health has got its place in Ayurveda. Fasting, diet reform, corrective exercises, *pranayama*, adoption of the proper mental attitude, and application of medicines have their place in Ayurveda.

Ayurveda teaches the elimination of the toxin through *Panchkarmas*. Its medicines are simple, cheap and harmless. Ayurveda is an inexhaustable mine of integral truth. Doctrines of *Tridoshas, Panchmahbhootas, Shadpadarthas, Ras, Vipaaka, Veerya* & *Pravaava* and *prakriti sidhanta* are unsurpassable.

Allopathy

Allopathy is a progressive system with modern scientific instruments like X'Ray, Microscope, coupled with knowledge of biochemistry, bacteriology, prescriptions of glasses, technique of operations, use of preventive and curative medicines.

Allopathy which is the science combating disease is based on Pathology. Pathology is a study of disease conditions, of morbid changes that appear in a diseased body or organ. Every individual sign of morbidity is taken to be an independent disease and modern science tries to suppress these morbid symptoms by means of poisonous drugs. No attempt is made to find out the ultimate cause which brought on the morbid state, not to speak of removing that cause.

Modern Science has given us so much of physics, chemistry, astronomy, mechanics, thermodynamics, electricity etc., and also much of Anatomy, Physiology, Surgery, Therapeutics and many

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more. Scientific men have invented aeroplanes, radios, cinemas, television and even an atom bomb. We have come to know about many things in this material world, the only thing about which we know the least is about ourselves—the Man.

Homoeopathy

Homoeopathy owes its origin to German Physician SAMUEL CHRISTIAN FRIEDRICK HAHNEMANN (1775 –1883 . Homoeopathy was founded 200 years ago in Germany, 200 years ago in England, and 150 years ago in India. Now it is spread all over the world. This system considers the importance of the subtle force in the body but pays little attention to the elimination of the toxic matter and the psychological aspect. Its method of treatment is that of stimulation of the subtle force present in the body to combat that illness.

Homoeopathy is based on the laws Similars "SIMILIA SIMILIBUS CURENTUR" that means that a medicine which, if given in comparatively in large doses, produces specific symptoms of ill health will, and when administered in small doses, cure such symptoms. An example of this is IPECACUHANA—if taken in large quantities produces vomiting, but taken in small doses cure vomiting.

Names of most of the medicines are Allopathic, only dosage is different. Homoeopathic science gives atomic and protanic form of dosage as 3X means a thousand of a grain and 6X means a million. of a grain. These medicines are administered dry, by placing them upon the tongue, or dissolved in water. Homoeopathic medicine will relieve if it is right one, but if it is NOT the right one, it will do NO harm. You can do harm with a Homoeopathic remedy only if you give too much of it and too often, or if you give too many remedies, one after the other, without awaiting for their effects.

Homoeopathic Materia Medica is rich with medicines, and the treatment is to be followed according to the symptoms in the individual. This subject requires a great study and very rare disciples of Hahnemann are seen acting judiciously.

Naturopathy

Naturopathy is a system of curing diseases without drugs. The art of *Aahaara* and *Vihaara, langhan* and *upvaasa* in Ayurveda embraces the full scope of Naturopathy. There are no intricacies of Anatomy and Physiology in this system. Naturopaths assert that "whatever the nature of ailment, people may be suffering from it is always the same live natural remedies together with a natural non-stimulating diet suitable to the patients that are needed for a cure."

Prakriti Chikitsa teaches people the unity of diseases and unity of treatments and thus dispenses with the ceremony of

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diagnosis. This system is the cheapest of all, and is very suitable for poor countries like India and Pakistan, therefore, Mahatma Gandhi patronised this system.

Differences

A few differences between Ayurvedic system of medicine and the Modern Allopathic System are listed below. For detaiis a reference is invited to the book written by the author.

AYURVEDA	ALLOPATHY
1. Ayurvedic definition of LIFE is very broad. Charaka enumerates a number of attributes of life as 'The opening and closing of eyelids, the period of time called '*jeevanam*' the movements or the activities of the mind the passing of the mind from one sense to an other and despatching the same to its objects & holding the mind in dream to other places, as also the acceptance of death, the seeming of the objects by the left eye perceived by the right (?), desire, aversion, feeling of pleasure & pain, will, consciousness, apprehension, understanding, memory and the idea of individual identification etc."	Allopathic definition of LIFE is very narrow. By LIFE westerners understand response to stimulii, assimilation of food, growth and reproduction. Marx and Lenin also leave us bewildered as to the meaning of LIFE.
2. Ayurveda, Unani & Homoeopathy lay more stress on the "SOIL' than the "SEED". These systems in general and Ayurveda in particular pay more attention to personal hygiene to improve the soil.	Allopathy gives more stress on the "SEED" than the 'SOIL.' Modernists have paid more attention to National Health Insurance, medical inspection of schools, baby clinics, maternity houses, notification of communicable disease & adoption of various methods of their prevention, industrial hygiene, production of better sanitary surroundings etc. to immune the SEED but still it is a pity that the general health of the nation is going down and average span of life is reducing everyday.

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AYURVEDA	ALLOPATHY
3. Disease in Ayurveda is the deranged condition of the sustaining principles of the body (*Kapha, Pitta* & *Vaata*). Indiscrimination in food produces derangement in *doshas* and illness is the result.	The Allopaths consider the germ as the seeds of illness. The funny side of it is that there are still diseases where the allopaths with their so-called researches have NOT yet been able to specify the particular germs, *e.g.* Influenza, Cases of diseases without germs and cases where germs are detected only in the later stages of the development of disease are seen reported. Thus the germ theory becomes a simple presumption & cannot stand the test of the science.
4. *Rishis* of Ayurveda have given us such eternal principles and natural remedies which have enabled our system of medicine to stand the test of time and have maintained its utility under most adverse circumstances. We have lived without Government protection & support for 2,000 years.	The western system of medicine has made enormous progress after the researches and experiments by the scientific men in all the different branches of medicine. This system being uptodate has been protected by all the Government of the world. Allopaths are succeeding because NOTHING SUCCEEDS LIKE SUCCESS.
5. Ayurveda explains different states of mind and its corresponding effect on the organs of the body. Good news causes the skin of the face to flush. In certain individuals bad news brings over anaemia of the heart and sudden death. Bad thoughts, habits, emotions and sentiments bring about organic changes and diseases. Worry and constant sorrow are the worst enemies of a healthy body.	Moral sense is almost completely ignored by modern science There is no difference between right and wrong, just and unjust now adays. The persons responsible for the spread of infectious diseases are considered dangerous, they are segregated, but those who bring on corruption, criminality and insanity to the society thrive at liberty and no one makes any objection to their presence. Physicians are incapable of protecting the mind against its own enemies.

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AYURVEDA	ALLOPATHY
6. The Ancient Hindu Physicians studied drugs in accordance with their *Rasas, Guna, Veerya, vipaka & Prabhaava* theory. These have stood the test of experience of the physicians for a unlimited period, therefore, future research in Ayurveda should also be carried out on these lines.	Allopaths study drugs according to modern chemistry. Present day scientists start their experiments on rats, frogs and rabbits who are mute and cannot fully guide us as to the effect of the drugs administered. Western study of medicines on rational beings is in sufficient and needs more effort, thought and labour.
7. In Ayurveda Anatomy and Physiology are grouped together under one heading of *sareera*. According to *Satapatha Brahman* the number of bones in man is 360. *Acharya's* have included cartlidges & memberane into bones.	Anatomy and Physiology are separately explained in Allopathy and there are more details.
8. In Ayurveda nothing is mentioned about glasses which are a necessity in many cases.	Allopathic invention of glasses and the technique of their application have enabled many imperfect sight persons to see clearly. In the case of eye there is neither any prevention not cure of defective vision and diseases of the inside of the eyeballs.
9. Ayurvedic medicines (with the exception of Antisyphilitic drugs) are non-poisonous. These can be unhesitatingly placed in the hands of the most ignorant villagers. Charaka says "only that remedy is true which while acting favourably on the organism has no adverse reaction on it.	Allopaths are manufacturing stronger and stronger poisons to kill germs of various diseases, with the result that the man is also being steadily killed by these poisons.
10. According to *Puraanas Brahma* extracted the essence of all *vedas* and composed in the form of Ayurveda. Ayurveda is as old as vedas always talking like an old man in the terms of wisdom and experience.	Hippocrates, the Father of the Western Medicine lived in 460 B. C. Life of science being 2000 years only, talks like an ambitious young man in the terms of this progress and that progress.

(To be Continued)

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Planning of Research in Tri-Dosha Siddhanta of Ayurveda

By

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INTRODUCTION.

(1) 1. *Tri-dosha Siddhaanta* is the generally accepted theory of Ayurveda, which maintains that there are three kinds of nutrient body-fluids circulating the living body, that their equillibrium is responsible for health and that their ill-blance is the primary cause of disease. Microbic infection may be accepted as one of the extrensic cause of disease. But, the microbes of their toxins cannot cause any disease unless the equillibrium of the nutrient fluids the *tri-dhaatus* is disturbed by unsuitable food, habits or environment, *Ahita Sevanam.* The ill-balance of the nutrient is thus primarily responsible for the onset of diseases.

This theory which is universally accepted by Ayurveda was never questioned until the advent of the cellular theory of modern medicine which gave more importance to the changes in the cells, tissues and organs in the human body than to the condition of the nutrient fluids. The several theories of modern medical science are based on observations made on dead bodies and on inert matter, whereas the *Tri-dosha Sidhanta* deals with the living body and its living body-fluids. Research on this subject should therefore be conducted on the basis of clinical evidence available from accurate observation made at bed side and not based on experiments made on animals or by the study of the dead cells and tissues.

2. For this purposes, it is necessary for us to study first and to understand clearly the Anatomy, Phsiology and Pathology of the human body according to Ayurveda and the characteristics of the *Tri-Dhattus* (Nutrients) and *Tri-Doshaas* (vitiated nutrients) in all their bearings. I have therefore devoted three chapters to the study of these preliminary subjects-namely, chapter I on the Thirteen constituents of the human body, Chapter II on the Three Phases of *Tri-Dhaatu* Circulation, Chapter III on the Indentification of *Tri-Dhaatus* and Chapter IV on the Research on the Combinations of *Rasas* and *Doshas*, as this study is essential for any further research on *Tridosha Siddhanta.* An additional chapter is added as Chapter VIII which gives a scheme for conducting research in Ayurveda so as to arrive at an integration of Ayurveda and the Western System.

3. Several references, that I have made to my Text-Book of Ayurveda, and to the original texts of Charaka, Susruta and

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Vaagbhata, should be carefully studied in order to properly understand the subject.

4. I am indebted to late Sri-Baba Saheb Dr. N. S. Paranjpe of Bigras, Berar, for his suggestions. Dr. N. V. Krishna Rao, President, Andhra Provincial Conference. Dr. John F. Joshua.. Professor of zoology, Christian College of Thambaram. Sri K. Veerasanu Iyah, Retd. Deputy Collector, Gopalapuram, Madras, have gone through the manuscripts and have generally understood and approved.

Chapter II

The Thirteen Deha Dhaatus

(The Thirteen Constituents of the human body.)

Nutrients, Tissues and Debris.

(2) According to Ayurveda, the constituents of the living human body are thirteen. They are called the *Thirteen Deha Dhaatus*, 3 ingoing nutrients, 7 stationary tissues and 3 outgoing debris. Total 13 are the supporters of *Dhaatus* of the living body.

I. 3 *Dhaatus*-Nutrients-*Vaata*, *Pitta* and *Kapha*.

II. 7 *Dhaatus*-Tissues, 1 *Rasa*-Lymph 2 *Rakta*-Blood. 3 *Maamsa*-Muscle. 4 *Medas*-Fat, 5 *Asthi*-Bone, 6 *Majja*-Marrow and 7 *Shukra*-Sperm.

III. 3 *Malas*-Broken Debris, I. *Faeces*, 2. Urine and 3. Sweet.

These are the excreta i. e. the metabolic wastes that the body has to get rid off.

The living human body consists of only these thirteen factors and all other things are included in one or other of these thirteen constituents.

That is the most rational and concise method of division. It is a comprehensive description of the living human body as a united whole and it represents I. The incoming nutrients. 2. The stationary tissues and 3. The outgoing *malas* or debris.

Body, Mind and Soul

(3) All living beings consits of *Chetana* (*Aatma*-Soul) and the physical body *Manas* (mind) being the connecting link. *Chetana* is responsible for conscious re-actions. It is the spirit. It s the intelligent, immaterial and immortal part of man. The physical or *Bkautika* body made of the *Panchamahabhootas* is derived from *Prakriti*, which is material. *Chetana* is a part of *Purusha* (The universal Soul). The Three *Dhaatus* are derived by the combination of the *Panchamahabhootas* and *Chetana* and are therefore associated only with the living body.

The soul exists not only in human beings but also in all other living creatures. In fact, soul exists in dormant state even

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in inret things. Its manifestation, however is, different according to the embodiment. Life is described in Ayurveda as a combination of the body senses, mind, and soul. *Sareerendriya Satwaatma Samyogah.* (Charak).

The Four Stages of Consciousness

(4) According to Indian Philosophy, *Chetana* (life) exist fn four states viz.. *Sushupti*, *Swapna*, *Jaagrata*, and *Tureeyas.* See Vol. I. Sec. 1 Chap. I. Principles of Treatment-Text Book of Ayurveda 1947.

1. In inorganic substances like metals, (*Nirindriya Dravyas*) *Chetana* exists in the *Sushupati* or sleeping state-e.f. the Atomic Soul. They are called *Jada.*

2. In plants, it exists, as it were, in the *swapna* or dream state. They simply eat, live and reproduce. They have *Indriyas* but do not think or move about as animals do. They are therefore called *sthaavara,*

3. In *Jaagrata* state i. e. wakeful state in animal life, the *Chetana* is on a higher scale. They move in respons to internal or external stimuli. It is called *Jangama* state. In man, it is still higher. He knows that he knows. He is more independent and has more capacity to adjust himself to his environments.

4. In a *Yogi*, *Chetana* is in the highest or super-conscious state (*Tureeya Avastha*). He realises the ultimate real behind the changing world. He is called *Stita Pragna Brahmabhoota.*

Thus, living and non-living substances are all made of different combinations of *Panchamhabhoutika* substance with *Chetana* in different states of manifestation according to the body or vesture in which they are enclosed.

Tri-Dhaatus are *Sendriya Dravyas* Living Substances.

(5) *Dravya* is a substance that has some action or qualities (*guna*) or that is responsible for some action or actions (*Karma*). *Vaayu*, *Pitta* and *Kapha* have certain qualities and are also responsible for certain actions, and are therefore classed as *Dravyas* substances-matter-according to Ayurveda. They are living matter. Therefore *Drayyas* which are continuously in circulation in the human body as long as there is life, become more *Panchbhootas* after death.

The Characteristics of *Vaata* are :—

(6) I. Dryness (*Rooksha*), 2. Lightness (*Laghu*). 3. *Seetha* (Cold), 4. *Kharah* (*Rough*), 5. *Sookshma* (Subtle Invisible), 6. *Chalah* (Motile).

Tathra Rooksho Laghus Seethah
Kharas Sukhmas Chalo Anilah (Vagbhata Bk. I ch. I)

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The taste is astringent and the colour light red (*Aruna*). *Vaata* is also called *Vaayu*.

(7) The Characteristics of *Pitta* are :—

1. (*Sa*) *Snehas*-light viscidity, 2. *Teekshna*-activity, 3. *Ushna*-heat, 4. *Laghu*-light, 5. *Visrum*-slightly foul smelling like blood, 6. *Saram*-quickly penetrating, 7. *Dravam*-liquid.

Pitta is of the nature of heat, slightly viscid but quickly penetrating, and of a colour other than white and faint red. It may be of any colour varying between blue is an immature condition to yellow when mature. *Pitta* is bitter.

Pittham sasneha teekshoshnam
Laghu visram sa·am dravam

(8) *Kapha* is also called *Sleshma*. Its properties are :

1. *Snigdhah* (viscid), 2 *Seeta* (cold), 3. *Guru* (heavy), 4. *Mandah* (slow), 5. *Slekshna* (soft), 6. *Mrutsnah* (slimy), 7. *Sthriah* (motionless).

The test is sweet. In the immature condition, it is saltish.

Singdhah Seeta Gurur Mandah
Slakshne Mrutanah Sthirah Kapha.
(Vagbhata I. I. II.)

The above characteristics of the subtle state of *vatta*, *Pitta* and *Kapha* and their combinations are sometimes very difficult to identify as they are very delicate, even more delicate than the electrical re-actions in a galvanometer. They indicate the re-actions of life to environments and at present we have no instruments to measure them. They have to be known only by a careful clinical study.

The Three *Dhaatus* in their Gross State.

(9) The Three *Dhaatus*, *Vatta*, *Pitta* and *Kapha* in their gross state are secretions in the alimentary canal. For the purpose of understanding the description given below, we have to take the alimentary canal (*Maha Srotas*) commencing from the mouth and ending at the anus as one cavity or tube and the whole human frame as the body in which this cavity exists. The alimentary canal, though inside, may be considered to be outside the body like a tunnel, as it is, in fact, connected at both ends with the outside, i. e., at the mouth and the anus. All actions taking place in the alimentary canal take place as it were outside the body and inside the tunnel.

The Three *Vipaakas* in the Alimentary Canal.

(10) The alimentary canal is sub-divided into three parts, the upper-most is *Kapha Sthaana*, the middle *Pitta Sthana* and the lower *Vaata Sthana*. The food which enters the alimentary canal as substances having six *Rasas* (*Shadrasaas*) is digested and is converted into the Three *Dhaatus* by three digestive processes these three digestive processes are called the three *Vipaakaas*. The six *Rasaas* of food are turned into the Three *Dhaatus* by the three

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Vipaakaas The Three *Dhaatus*, in turn, feed the *Sapta Dhaatus* and this process is sided by the different *agnis* (Bio-chemical processe in the body.

(1) As soon as *Kapha*, secreted in the mouth, comes into contact with food in the mouth, whatever is convertible immediately into *Kapha* and thereby *Kapha* augments itself. One tola of a biscuit increases to about 3 tolas when chewed in the mouth. What is added to biscuit is *Kapha*. The *Kapha* is augmented by the addition of that portion of the biscuit which has similar *gunas* as *Kapha* and which is convertible and is at once converted into *Kapha*. This is called *Madhura Vipaaka*-sweet digestion because *Kapha* is *madhura* sweet. The digestion here takes place in a predominantly sweet medium.

2. *Pitta* is secretion poured into the alimentary canal which converts whatever is convertible into *Pitta*, by the addition of substances which similar *gunas* as *pitta* and thereby *pitta* augment itself. This is called *Amla Vipaaka* Acid Digestion because *pitta* is acid. The digestion here takes place in a predominantly acid medium.

3. *Vaata* is that secretion in the alimentary canal which converts the materials in the food which have properties (*gunas*) similar to *Vaata* and which are convertible into *Vaata*. This is called *Katu Vipaaka* punjent digestion because the digestion here takes place in a punjent medium.

Thus, the Three *Dhaatus* which are already in the body enter into the alimentary canal as three secretions, *Kapha*. *Pitta* and *Vaata* respectivly, when there are hungry, i. e., when they are in a comparativly reduced state, they augment replenish themselves and they feed the seven *dhaatus*, the tissue of body.

Ayurveda says, that there thirteen constituents of the human body, namely, the three nutrients *dhaatus* the seven more or less stationary *dhaatus* and the three excretory *dhaatus*, the three nutrient *dhaatus* are such as can come out of the body into the alimentary canal (in fact, in a way it is outside). They come out into the the alimentary canal as secretions in order to assimilate food. When they come out to take food, they gather such of the materials from the food as are suitable for assimilation inte each of them. They thus augment themselves and enter the body again. Allopathy says that it is the food that is digested and feeds the tissues. Ayurveda says that is the three *dhaatus* that go out of the body into the alimentary canal to be nourished by the *Shadrasaas* of the food and that they re-enter the body from out of the alimentary canal afer being thus replenished during their stay in the alimentary canal and they than feed the *Sapta Dhaatus*.

The same fact can be described in 2 different ways For example, we may say.

(1) He took milk sweetend with sugar or (a) He took sugar diluted with milk.

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Functions of *Vaata, Pitta* and *Kapha*.

(11) *Vaata* is the source of all inspiration, energy, voluntary movements and actions including speech, proper circulation of blood etc. and internal purification of the system. *Vaata* is the most subtle physical substance, responsible for the various mental states owing to its rarified and expansile properties.

Pitta is the source of all internal heat including digestion, hunger, thirst, intelligence, memory etc.

Kapha is responsible for the smoothness of the body, general strength, potency, forbearing etc.,

The Three *Dhaatus* in Embriology.

(12) At conception, the Three *Dhaatus* are contained in the fertilised ovum and are derived by a combination of grevatersa and several elements from both the parents. In the faetus, when the three layers (i. e.) the octoderm, mesoderm and endoderm, are formed, the octoderm or the outer layer is predominantly made of the *Vaata* type of cells, the mesoderm of the middle layer is made of the *pitta* type of cells and the mesoderm of the inner layer is made of the *Kapha* type of cells.

The ectoderm contains the sensative points that develop into the sense organs including the skin and the whole nervous system and this may be called the *Vaata* layer. We now know that the outer layer develops into the special sense organs and that a portion of the outer layer is invaluted and tucked into the mesoderm and this develops into the brain he spinal cord and the whole nervous system.

The mesoderm is the precursor circulatory and other systems. This represents the *Pitta* layer.

The endoderm is the precursor of the alimentary canal, the serous tissues and probably also the lymphatic system. It may be called the *Kapha* layer.

So much is the embryological phase. The plan of the 3 layer development (i. e.) of *Vaata, Pitta* and *Kapha* is already in the first cell; It is the soul that leads the plan according to its past *Karma*.

When the faetus develops, the three *Dhaatus* are replenished from the *Rasa* of the mother's circulation and after birth through the milk which represents *Shadrasa Aahara* food having six tastes.

Similarly, in the seed of a leguminous plant like the Bengal gram, the outer layer which is generally rough represents the *Vaata* layer, the middle layer which is fleshy represents the *Pitta* layer, and innermost mucold layer which is soft represents the *Kapha* layer. This is only an illustration. We should not carry the analogy too far.

Pathological conditions of *Pitta* and *Kapha*.

(13) When *Vaata* is predominant emaciation, darkness of complexion, desire for heat, tremor, flatulence, constipation, loss of

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strength, sleeplessness and loss of sense-activity, delirium, giddiness and exhaustion etc., are the result.

The symptoms of the predominance of *Pitta* are yellowness of stool, urine, eyes and skin, hunger, thirst, burning sensation and loss of sleep.

The symptoms due to the predominance of vitiated *Kapha* are anorexia, excretion of mucus, want of energy, heaviness, pallor of the body, low temperature, feebleness of joints, heaviness in breathing cough and excess of sleep etc.

Chapter III

Three Phases of Tri-Dhaatus Circulation.

The Tri-Dhaatus.

(14) Considering histologically, we have said, that the human body consists of (1) incoming nutrients. (2) more or less stationary *Dhaatus* (i. e.) cells and tissues and (3) outgoing bebris.

Doshadhaatu Malaamoolam hi
Sareeram-Susruta Sootra Ch. 25-1-31.

The *tri-dhaatus* in their first phase are found in the alimentary canal as digestive juices and as such they act upon the food-*Shadrasa Aahaara*-taken by man and convert it into their own form, out of the like portions of the food. This is called *vipaaka*, which in effect increases the *Dhaatus* concerned. There are three such *Vipakaas*-Bio-chemical changes-which augment the *tridoshas* in the alimentary canal. This is called *Upabrimhana*. The food which is made up of *Anna, Udaka, Praana*-solids. liquids and gasious materials, which in Ayurvedic language is called *Shadrasa Aahxara*, is thus converted to *Kapha, Pitta* and *Vaata* in the different processes of digestion. The *tri-dhaatus* are called *dhaatus*, because they support the body in their normal conditions. In the augmented form in the alimentary canal, they are ordinarily called *Annarasa* and they are absorbed into the body proper and enter the first *dhaatu* called *Rasa*. They thus get mixed up with *Rasa-dhaatu* and other *dhaatus* in the course of their circulation. In the alimentary canal, they are seperate by themselves and detached from tissues and debris. (*Sanghaaiaa Avastha* and *Avyaapi*).

The *Tri-dhaatus* in the physiological state circulate in every part of the body. They provide the cells and tissues with all the materials that each requires for its nutrition and growth. Therefore they are said to be nutrient material (*Poshakaas*). The *Tri-dhaatus* together may be described as the ingoing organised protoplasmic nutrient material, out of which all tissues are formed and also nourished. But, in the pathological condition *Kapha* has a tendency to get congealed and to obstruct the passages (*Srotases*) and generally damage the processes of lubrication; *Pitta* has a tendency to become liquid and to weaken the digestive and other bio-chemical processes in the body and *Vaata* has a tendency to expand indefini-

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tely, cause pressure and to disturb the nervous activity, or the vital forces in the body. This relationship of *Tri-dhaatus* and *Sapta-dhaatus* in pathological condition is that of *Dosha Dooshyu*-Vitiator and vitiated. For further information, read *Tri-dosha Siddhanta* or *Deha Dhaatu vignaanam* by the author

The nature and Functions of Tissues.

(15) The Cells and Tissues which are made up of and supported by these nutrient fluids are enumerated as seven in number. They are:-(1) *Rasa* a colourless fluid having only white cells corresponding to lymph-Charaka *Sareera* Chapter VII (2) *Rakta*-Blood-a red coloured fluid consisting of plasma white cells, red cells and platelets etc. (3) *Mamsa*-Muscle tissues, (4) *Medas*-Fat tissues, (5) *Asthi*-Bone tissues, (6) *Majja*-Bone marrow tissue, which includes brain matter (*Mastulunga*) and all the nervous tissues in the body (7) *Sukra*-sperm tissue in the male and the corresponding tissue in the female. All other tissues and organs enumerated differently in modern medicine, are included in them or their channels. The tissues which are lower down in the order of development are more voluminous and evolve into the higher tissues, which are gradually less in volume and of greater importance in the bodily economy. Although in the matured condition, some of the tissues are liquid like lymph and blood, some are soft and semi-solid, like fat, and some are hard like the bone, the different tissues have their own fluid state and their rudiments are contained in the *Aahara Rasa*-the fluid which supplies them with all the special materials required for their nutrition and growth. This nutrient material is Tri-dhaatu.

Nature and Functions of Debris.

(16) The Three *malaas*, namely, the solid faecal matter, the liquid urine and sweat, are the three typhical *malaas*, whose healthy existence is as much essential for the normal condition of the body as of the three dhaatus and the *Sapta dhaatus*. There are other malaas which are derived out of the tissue metabolism. The expired air, the air transpiring through the skin and the air passed out as flatus also belong to the *malaas*.

The Difference between Nutrients and Debris

(17) The beginnings of the *malaas* (debris) are deep and subtle and their passage winding, whereas at the end, they are superficial and gross and can be easily seen. This is quite contrary to the nature of *Tri-dhaatus*, which are first gross and appear voluminously in the alimentary canal and generally get absorbed and become minute and finally, while in contact with *Sapta dhaatus*, they are very subtle and imperceptable except by their effects. The *malaas* are called *Behirmukha* outgoing and *Baadhakar*, troublesome, whereas the *tri-dhaatus* (nutrients) may be described by *Antarmukha*-ingoing and *Hitakara*-beneficial.

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Good-Health and Ill-Health

(18) When these thirteen constituents the *Deha dhaatu* namely, the *tri-dhaatus*, the seven *dhaatus* and the *tri-malaas*, are healthy, they are said to be in *prasaada* (clear) state (*Prasaadabhoota*) and the body is in good health. But, when they are vitiated in any manner, they are said to be in a *Mala* (dirty) state (*Malabhoots*). See Charake-*Sutra* Chap. 28 and Susruta *Sutra* Chap. 24 A-29. It is thus the *mala* state of any of these 13 constituents that is responsible for ill-health or disease.

The Three phases of Tri-Dhaatu Circulation

(19) 1. The Phase of augmentation: The first phase begins with the appearance of the *Tri-Dhaatus* as secretions in the alimentary canal. Then, they are augmented by convertion of food into themselves. They are absorbed as such through the walls of the alimentary canal—*Udheerana* (appearence in the alimentary canal) *Brimhana*—(Augmentation) and *Chooshana*—(suction) into the body fluid constitute the first phase.

2. The Phase of Utilisation:—In the second phase, the *Tri-Dhaatus* circulate throughout the body. They come in contact with *Sapta-dhaatus*. They feed them and are spent up in some proportion, the remainder continuing to be in circulation. While in circulation, they are also exposed to the environments of the body. This phase of utilisation of the supply constitutes the second phase of the *Tri-dhaatu* circulation.

3. The phase of new demand or hunger:—The residual *Tridhaatu* material in circulation forms the source from which the different digestive factories connected with the alimentary canal draw their material, forming part of the next supply of secretions required for the digestion of new food. The healthy symptoms of natural hunger depend upon the proper utilisation of the previous supply throughout the body in the second phase and the deposits of the closing balance remaining in the factories. This becomes the opening balance when the process of digestion begins again. The third phase of new demand may be called the phase of hunger.

Tri-Dhaatu Circulation is more extensive than that of blood.

(20) In the first phase of augmentation, the *tridhaatus* are poured into the alimentary canal and are voluminous *Samghaata*. In the second phase, they are poured into the circulation throughout the body and they get utilised and are reduced more and more. In the third phase, they are subtle and unnoticed and they get ready to be refed. We have therefore tentatively called the first phase the phase of augmentation, the second the phase of utilisation and the third the phase of new demand or hunger. This constitutes the whole cycle of circulation of the *Tridhaatus* from one feeding to another. In this way, the *Tridhaatu* circulation is more extensive than the circulation of *Rasa* and of blood, because in the beginning inside the alimentary canal there is no *Rasa* and at the

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end in the lymphatic circulation there is no blood, but the *Tri. dhaatus* are present throughout in the three stages.

Channels-Srotases

(21) The thirteen constituents of the body have their own channels in which they move in health and disease. These channels are called *Srotases* or ducts. Their beginnings are called *Moolas* or roots and their ends are called *Mukhas* or openings. Some of these *srotases* are very large like the alimentary canal and some are small like the arteries and veins and others are very minute like the microscopic capillaries, lymphatics, nerve terminals and sweat pores. The large channels according to Ayurveda are 13 and the minute channels are countless. The large *srotases* are (1) *Annavaha* srota, that which carries the food materials. (2) *Udakavaha srotas* that which carries the water. (3) *Pranavaha srotas*-that which carries the gaseous material (4 to 10) *Rasavaha srotas, Raktavaha srotas Maamsavaha srotas, Medovah srotas, Asthivaha srotas, Majjavaha srotas* and *Sukravaha srotas* these which carry the seven tissues (11, 12 and 13) the channels which carry the urine (*Mootravaha srotas*), faecal matter (*Pureesh avaha sortas*) and sweat (*Swedavaha srotas*). These *sortases* include all ducts and channels which are called the alimentary canal, lungs, arteries, veins, lymphatics, ureters, liver, spleen, kidney, pancreas, hair follicles, sweat glands etc. There are included in the connotative word *shrotas* (duct), and their moolaas and *mukhaas* although they are different by name, structure and function. Some *srotases* carry inwards the different materials required for the nutrition and growth of different tissues and others carry outwards from the tissues, the waste materials that are not required for the body. The *Tri-dhaatus—Vaata, Pitta* and *Kapha*—are however, present in every part of the body and they are conveyed in every *srotas* (channel) and therefore they have no particular channels exclusively to them (Charaks, *Sroto Vimana*).

As long as the channels—*srotases*—are in the normal state and the circulation of the three-*dhaatus* is free and unobstructed, the body cannot be affected by any disease.

"Tadetat Srotaasasm Prakrit Bhootaatwaat
na Vikaaraih Upasrijyate Sareeram"
(Charaka Vimana Chap. 5—8.)

The Circulation of Rasa

(22] Modern physiologists attach great importance to the circulation of blood, because it supplies the oxygen needed for the metabolism of the tissues and is responsible for the production of energy. Although Ayurvedists know about the circulation of blood, they gave more importance to the circulation of *Rasa* which carries the nutrient fluids, the *tri-dhaatus* which are augmented by the food in alimentary canal entering the heart through the thoracic duct, the *Rasa* acquires the red colour, when it comes in contact with *Raajaka Pitta* derived from the Liver, and the Spleen. It supplies

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the nourishment to all tissues and organs as it circulates throughout the body in the blood vessels, capillaries, lymphatics.

Santatyaa Bhojya Daahtoonaam
Parivartistu Chakrawat.

Rasa goes round and round constantly, like a wheel, feeding the tissues and getting itself fed by new supplies of nutrient material from the alimentary canal. The *Rasa* continuously circulating in this manner throughout the body (*Kristnam Sareeram*) does the function of *Tarpana* (providing everything that is required for the tissues) *Vardhaanam* (making them grow) *Dhaaranam* (supporting them) and *Yaapanam* (making the body continue its existance).

The *Rasa* is constituted of two parts *Poshaka Rasa* (supporting of feeding *Rasa*) and *Poshya Rasa* (supported or fed *rasa*), while the feeding portion goes on feeding all the tissues, the fed portion (*Poshya*) evolves into the higher and higher tissues,of *Rakto* (blood,) *Maamsa* (Flesh), *Medas* (Fat), *Asthi* (Bone), *Majja* (Bone marrow) and *Sukra* (Sperm). This *Rasa* is finally converted into *Ojas*, which is responsible for all the vitality, strength, lustre and the very existance of life in the body. That is why, it is said that the circulation of *Rasa* goes on continuously (*Aahaaram*) like the motion of a wheel.

SUMMARY

(23) When the *Tri-dhaatus* are normal and flow freely without any obstruction and when all *agnis* (Bio chemical agents). *Dhaatus* (tissues), *Malaas* (excretions), *Indriyas* (senses) & the *Manas* (mind) do their work properly, that condition is defined as health (*Swaasthyam ityabhideeyate*) *Susruta.*

When the *Tri-dhaatus* are deranged, and when an obstruction is caused to their free movement in the *srotases* this causes the commencement of the disease at that place.

Kupitaanaamhi Doshaanaam
Sareere Paridhaavataam
Yatra Sangah Swavaigunyaath (Khavaiganyaat
Rogah Tatra Upajaayate—Susruta Sootra 6. 16.
Kshipyamaanaah Swavaigunyaath
Rasah sajyati Yatra sah
Karoti Uikritim Tatra
Khevarsah Miya Toyadah
Doshaanaamaapi Chaivam syaat
Tatra Dese Prakopanam.

Charaka Chikitsa 15, 35, 37.

We have said that the *Tri-dhaatus* together may be described as ingoing organised protoplasmic nutrient material in the circulation

This nutrient material in circulation feeds the several stationary cells and tissues and organs.

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There is no living tissue or channel in the body which is not penetrated by the *Tri-dhaatus.*

Vaata, Pitta Sleshmaanaam punah
Sarva Saareeraa Charaanaam,
Sarvaani Srotaamsi Ayana Bhootaani's

(*Charaka Vimana.* V. 5.)

Vaata, Pitta and *Kapha* circulate through all the ducts in the body and they are present in every part of the body provided there are signs of life.

Thus, in Ayurveda, the circulation of the *Tri dhaatus* is more extensive than the circulation of the lymph and blood.

The stress laid on the circulation of the blood in Allopathy, is found in Ayurveda to be fully laid on the circulation of the *Tri-dhaatus* and the claim is that that is not a sign of ignorance but it is significent of higher knowledge of anatomy and physiology, acquired after great experience of all the conditions of the living human body in health and disease. The *tridhaatus* are the first to be effected by food from inside as well as by environments from outside and their good or bad condition effects the body and the mind favourably or adversely.



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All-India Ayurvedic Congress News

PRESIDENTIAL ADDRESS

delivered by

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at the

FIRST BOMBAY STATE AYURVEDIC CONFERENCE
BOMBAY

Referring to the health survey done by the Bhore Committee, the President said that the Committee by-passed Ayurveda altogether on the plea of their ignorance of the subject, even while some of the members of the Committee protested strongly against this deliberate refusal to cover 90% of the field required to be covered by the terms of reference. It did not appoint a sub-committee to clarify this "particular aspect of the problem". It did not extend an invitation to experts thereof residing as countrymen and neighbours around the personnel, when huge sums of money were being spent to invite distant foreigners to discuss subjects not quite so close to India's health, economy and needs. Here is the apologia in their own words: "We realise the hold that these systems exercise not merely over the illiterate masses but over considerable sections of the intelligentia .....We are unfortunately not in a position to assess the real value of these systems of medical treatment as practised today as we have been unable, with the time and opportunities at our disposal, to conduct such an investigation into this problem as would justify clear cut recommendations."

But, still the Committee, having confessed itself totally ignorant of Ayurveda, went on to make assertions, which, in order to be authentic, required an exceptionally thorough study of Ayurveda.

Premium on Ignorance.

Then another Committee was appointed with Mr. Chopra as President including six allopaths, three hakims, and no vaidyas! After resisting the protests of the press, the public and the profession on prestige basis for some time, and after a doctor member of the Committee, Dr. Pathak of Benaras, himself protested against this farce, an Ayurvedic physician of real eminence was added to the personnel; but the Government's initial move to make substantial ignorance a sine qua non for the membership of this committee was still respected—the only Ayurvedic member, grudgingly added after such delay, was totally ignorant of the language in which the report was to be written.

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The Sabotage

The recommendations of the Chopra Committee came as a double shock to the allopathic power bloc in the Government, especially as it came from a personnel which had been specially selected to toe their own line. The Committee had collected evidence which could justify only one course, and the Committee took it. The Ayurvedic profession decided to accept a large part of these recommendations. The allopathic power bloc, headed by the Surgeon General with the Government of India, Rao Bahadur Dr. K. C. K. E. Raja, *the Secretary of the Bhore Committee*, did not let the grass grow under their feet. They immediately set about sabotaging the work of the Chopra Committee.

The Chopra Committee Report was shelved and a new Committee, the Pandit Committee, constituted in an unholy haste. As an insurance against any risk of such a slip up as that of the Chopra Committee, Dr. Raja bound it down by such terms of reference as disabled it completely from moving out of the pro-allopathic grooves in which it was placed at the very outset. The Committee was, for example, asked to suggest ways and means to assimilate Ayurveda in the curriculum of the MBBS course. I asked a member of this committee how this restricted and water tight system would assimilate a vast subject like Ayurveda when it could not assimilate the simpler theory of homœopathy, a system which had been practised side by side with it in the west as a recognised system for centuries, the only answer he could give me was that the Committee was not going to adhere strictly to the terms of reference !

The shelving of the Chopra Committee Report has been one of the major acts of vandalism in recent times. Some of the Provincial Governments, however, decided to proceed with the implementation of the recommendations. It became necessary for the allopathic power blood to act with speed if the pro-Ayurvedic movement was to be muzzled effectively.

Secret Weapon

The Central Health Ministry issued a confidential note to the Provincial Governments together with an explanatory note by Dr. Raja vehemently controverting and "refuting" item by item, the recommendations of the Chopra Committee, An exception was made in the case of the recommendations on research. They could easily be interpreted to suit the purpose of the allopaths, especially when the implementation thereof was to be left entirely in their hands.

I have so far tried scrupulously to avoid any direct reference to The Hon'ble Rajkumari Amrit Kaur. It should be our endeavour to show her utmost respect. However, her utterances from time to time, so far as Ayurveda goes, have been unnecessarily thoughtless and unwarrantably unjust. You may cry hoarse shouting from the house tops that cheapness is not the *only* virtue of Ayurveda, she shall not fail to repeat, ad nauseum, that the

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Indian Government connot lend support to Ayurveda *simply* because it is cheap.

Implications

It is to be regretted that the allopathic bloc in whose hands the British left the health administration machinery of India has consolidated its position in the Government of the country. They are "men in hurry" and cannot wait to be questioned in their task of monopolising the entire state aid for the exclusive spread of allopathy in India. Any delay is the result of the lack of efficiency and not of the lack manouvre or earnestness.

It must be realised that while the present group is in power, it is utterly useless to look to the Central Health Ministry to undo the wrong that is being done to Ayurveda,

The Financial Factor

In his testimony before the Chopra Committee, the Hon'ble Dr. Jivaraj Mehta stated that the unsatisfactory state of these Ayurvedic Institutions was "due to lack of public interest. Government prodvides what people want.....since the public had become vocal, it had clamoured for the Western system."

Now let us have the testimony of history and fact. When the British opened the first medical college in Calcutta in 1805 nobody was willing to lay a scalpel on a dead body. The admission went abegging. The first Indian who agreed to dissect the dead body, Pandit Madhusudan, was given a salute of five guns from the Fort Saint William. A police guard was placed at the dissection hall. (History of Indian Medicine: G. N. Mukherjee: Calcutta University Press.)

We need not traverse the entire field of history since then or discuss the whole range of insidious propaganda for the spread of allopathy in India. Let us take only the last decade with a few outstanding instances from the period preceding it. Till the forties of this century the English collectors and governors were chastising Indian millionnaires for giving donatione to Ayurveda as against allopathy. In 1940, I asked a millionnaire in Lahore why he had donated a sum of ten thousand rupees to an allopathic institution when he himself was taking the Ayurvedic treatment. The reply he gave should prove edifying for Dr. Mehta. "The Sahin (i.e. the Governor) does not like donations for Ayurveda and keeps such donors in mind. You know that Lala Gujjar Mal of Amritsar gave only Rs. 50,000/- into the hands of the allopaths and he got a knighthood, whereas Lala Khairati Ram of Lahore gave a princely donation of more than Rs. 20,00,000/- for an Ayurvedic Hospital and the Govornor did not even visit the institution.

By the time the British left, corruption, communalism and allopathy had been ineradicably established in this country. By

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this time the art of charity had developed into a means of cheating the Government and the Congress Government had to control charity itself by legislation. The colossal allopathic institutions which the British had built up by a process of relentless blood squeeze of Indian public were automatically declared charitable institutions. The charity became shy as the war of wits between the blackmarketers and the income tax deparment developed. Even honest money became afraid to come out as charity. The health departments left in the hands of the allopaths assumed control of all Ayurvedic Colleges and these "men in hurry" started playing their game as illustrated by the Ellore incident.

How does then Dr. Mehta assert that the allopathic palaces have been built on the vociferous public demand? I am sure he is aware that in no other civilised country the proportion of Government expenditure as against public expenditure on medical institutions is so large as in India. There can be only one reason for this—the foreign Government sponsored a system that was not the choice of the masses. Had they chosen the people's system, the money therefore would not have had to be squeezed out, it would have flowed voluntarily. I need hardly point out that many so-called voluntary donations to allopathic institutions were merely the minimum necessary prices paid for Knighthoods, Khanbahadurships and Dewanbahadurships. Dr. Mehta, once an eminent medical man himself, having abandoned this noble art of serving humanity in favour of the more attractive path of politics and statecraft because of his even superior mastery of the latter should hardly stand in need of enlightenment on these matters of common knowledge from a simple Ayurvedic physician like myself.

The present position is this: If you start an Ayurvedic institution to train good vaidyas, you shall be asked to add some very expensive allopathic departments to it. To ensure its future you must show a minimum reserve fund. If you ask the Government for funds, you will find it suffering from lack of funds. The millionnaires dare not give you any money unless your institution is declared charitable first. It shall not be declared charitable because the millionnaires have not given you the money.

Denouncing the new Ayurvedic courses the President declared that there is no objection to raising the standards of the allopathic qualifications, but certainly the standard of Ayurvedic teaching should also be raised if the Ayurvedic graduate has to take his proper place as a practitioner in the public. The Ayurvedic curriculum itself shall not take less than five years if finished vaidyas are to be turned out.

Criminal Competence versus Recognized Quackery

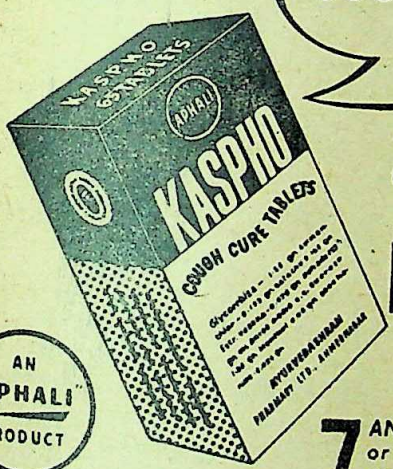
The products of the Government Ayurvedic Colleges have not attained the academic or professional stature which the products of the *Guru Shishya Parampara* achieved. Although from the strictly Ayurvedic point of view, the charge of quackery shall fall on the former and honour of true scholarship and competence on the latter

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the law recognises the former and incriminates the latter type. We have been reduced to a very unenviable position : either become quacks and get recognition, or be competent and get prosecuted as criminals. It is far more profitable to put the students to full fledged allopathic colleges for enabling them to meet the provisions of the law and then coach them in Ayurveda ourselves for purposes of standard Ayurvedic practice than to waste a precious part of their lives in pseudo-Ayurvedic and semi-allopathic colleges where the atmosphere is anything but congenial to the Ayurvedic learning. But the number of such vaidyas is small who can reclaim the minds trained in allopathy for five years back to Ayurveda.

Possible Solutions

Those of you who are observant might have noticed that till quite late the allopathic front insisted that the Ayurvedic system due to its shortcomings in anatomy, surgery, etc. must be replenished with the help of the modern medicine. This was more or less a unanimous demand of the medical profession. If any opposition came to this move, it was always from the orthodox Ayurvedic physicians and never from the allopaths of any school of thought. Not until the Chopra Committee Report was published did the allopaths realise the danger to their position this move involved. Perhaps many of you are not aware that in the recent past the shrewder supporters of allopathy have launched a powerful drive against what has come to be called the "synthesis" of the systems. The campaign against the synthesis move has passed beyond medical politics and entered academic discussions. Dr. R. N. Cooper, in his presidential address to the International College of Surgeons, sarcastically referred to it as a euphemistic term. A Committee compiling text books for a state government has for its declared policy two strictest separation of the two systems so far as the text books go. Why this sudden volte face ?

We have only two alternatives before us. One is the development of Ayurveda on the basis of synthesis. The way for this has been clearly shown by the Chopra Committee Report. Since allopathy is not in a position to assimilate Ayurveda, elimination of Ayurveda at government level through restriction on charity, speeding up allopathic relief in villages, progressive increase of legal obstacles in the path of the vaidyas, wrecking the Ayurvedic courses of study and sealing off the future of Ayurveda by producing dud graduates, etc. is bound to succeed, not to *our* detriment, but to the detriment of the science and the public who profits by it. Had allopathy been capable of assimilating it, at least the Ayurvedic principles and the relief they offer would have been preserved.

The second alternative is to accept a necessary minimum training in modern science insisted upon by the centre but insist that it should be imparted after the Ayurvedic teaching is over. In actual practice the demand for a full five years M.B.B.S. course for the students of Ayurveda has already slackened. An eminent

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allopath of Bombay working on a committee which is recasting the curriculum made it clear at one of the sittings that such a high standard of allopathy shall not be insisted upon for study of Ayurveda. Whatever minimum basic allopathic training is agreed upon can be taught as a post graduate course to the students of Ayurveda. Those who do not undergo this course may not be allowed to start their practice in the public. This shall satisfy the demand of the centre and also enable us to give the students a full and untrammeled training in Ayurveda which they have not had for decades. If the people controlling the department are sincere, they should have no objection to this arrangement.

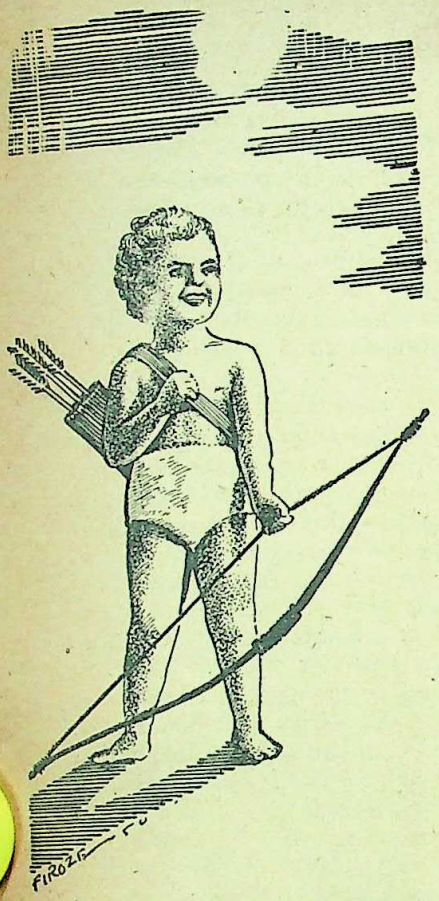
By producing inferior vaidyas the Government leaves us free of effective competition for all time. In a way the monopoly thus created for the old school assures protection rather than a threat to their personal economy. Interested unilateral legislation has destroyed efficiency in Ayurvedic training and consequently the future vaidya also; but where legislation is unable to reach, i. e., the field of patient' choice and personal popularity, the true vaidya is soaring higher. As Dorothea Chaplin remarks, "The Hindu Kaviraj defying both allopath and homœopath in Calcutta, ...has been able to keep his banner proudly flying. Very few medical practitioners in India have such a practice, or count their fees by so many thousands of rupees. The question then arises, how can they do it if they cannot give to the patient that which he most desires –a cure?" *Some Aspects of Hindu Medical Treatment*: Luzac & Co., London). There are two temptations before us to hold us back from demanding the production of a higher type of vaidyas, freedom from insecurity through lack of competition, and freedom from the false charge of vested interests which is there whenever you make a demand of any sort. I feel sure you shall not allow these temptations to contribute to the demolition of a science which has stood by our countrymen through centuries of foreign occupation and repression.

With this appeal to you I will pause here. I thank you for the very kind and patient hearing you have given me through this lengthy addresss.

★

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THE JOURNAL OF AYURVEDA

Vol. 3 July, 1951 No. 7

EDITORIAL

"THE PANDIT COMMITTEE REPORT."

I

Prejudged Issues

The report of the Pandit Committee appointed by the Government of India to advise them on the steps to be taken to establish a Centre for research in Ayurvedic and Unani systems of medicine and other cognate matters, is out. The first thing that strikes a reader of this report is the disheartening prejudgment of the issues, involved, in their terms of reference, indulged in by its authors. The first term of Reference was:

> "to submit a detailed scheme for the development of a Centre of research *on as broad a basis as possible*"

and one regretfully observes that the Committee have, in one bold sweep, very considerably narrowed down the field of research in Ayurveda by putting extreme emphasis on clinical research, almost to the exclusion of everything else! Government had specifically referred them to paragraph 251 of Volume I of the Chopra Committee Report to suggest the lines on which they wanted the centre to be formed. The Committee have shown great anxiety to follow all the other directives of Government in preparing their report. But in this particular instance although the Chopra Committee envisaged six different heads under which research should be conducted, this Committee have 'ventured' to suggest that

> "all efforts in this direction could be centralised through one channel, i.e., advances made through clinical research,"

that

> "literary research should also be directed to the *specific purpose* of evaluating the *practical* achievements recorded in the literature in several *aspects of diseases*,"

so that workers in this line may be able to suggest

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> "which *treatment* and *drugs* need further elaborate *testing* both by clinicians as well as by pharmacologists,"

thus indirectly hinting that all that was important in Ayurveda was perhaps a few drugs, and also more or less completely blocking the way of "Research on Fundamental Doctrines of Ayurveda," as suggested by the Chopra Committee ! With regard to the second Term of Reference regarding

> "the investigation of the manner in which a special training in the Indigenous Systems of Medicine could be incorporated during the last year or so of the undergraduate course in modern medical colleges, or, alternatively, to suggest how Ayurveda or Unani can be *fitted in* as subjects for post-graduate medical study," it was *obvious* to the Committee that

neither of the above possibilities was feasible at the moment ! The reasons given are that the course in modern medicine is *likely* to be revised, the absence of *suitable* text-books is also a *real* (!) difficulty, and the third, the paucity of trained (?) teachers who would be able to 'explain *effectively* the concepts of the indigenous systems to graduates of modern colleges.' The Committee, therefore, opined that the time was not ripe 'to initiate such studies even at the post-graduate level'. One would have given some weight to these views of the Committee, although one deferred from them, if they had not themselves advocated a *tentative* course of modern medicine to other undergraduates, with entrance qualifications the same as those for the modern scientific medicine, which is a 'copy' of the present course in colleges of modern Medicine, and desired that they should undergo training in the Indigenous Systems at the hands of the present available teachers, and with the present 'unsuitable' text-books ! Or had not advocated a chair in the "History of Medicine" in Universities, which could be implemented in the first instance, "to create an interest in the ancient systems in the minds of the students," and made provision for some graduates of modern medicine who were to have "facilities for any preliminary studies necessary to enable them to understand the subject in some of its aspects." The Committee are perfectly prepared to allow a batch—or batches—of students with the I. Sc. standard, *and* a good knowledge ! of Sanskrit to boot, to go and get trained with "unsuitable' text books, and by 'untrained' teachers, [that only perfect simpletons are likely to be attracted to take advantage of such a concession, with the liabilities attached to it by them, does not, apparently, seem to have occurred to the Committee, although it *has* occurred to them that graduates of the modern medical Colleges will need some 'inducement' to undergo a similar training ! (page 11)] provided that they are prepared to undergo a 'compulsory' training in 'modern' medicine of an "up-to-tomorrow's date" standard ! If these simpletons *then* individually want to adopt the Indigenous system in their own practice, neither our Government, nor its Health Department, nor the Pandit Committee, and, let us hope, nor the Indian Medical Association would have any objection to their doing so. The Com-

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mittee are also prepared to allow three eminent persons well-versed in Ayurveda, (of the unsuitable-text-books-variety ?) and a *Darshanika,* to do some post-graduate teaching to graduates of Modern Medical Colleges. In fact they *stress* the need of their doing so at the Institute *'from its very inception'*. But introduction of studies in Ayurveda in the present Modern Medical Colleges? No, it is not feasible.

> So far as the third Term of Reference is concerned "to make recommendations regarding the policy to be adopted as regards the continuance, *with such modifications as may be necessary,* of certain Ayurvedic and Unani Colleges,—keeping in view the need for establishing a uniform system of medical education throughout the country—etc."

is concerned, the Committee have a very simple solution based on the views of the *British* Medical Association's Medical Curriculum Committee as also of many other Committees in U. K. and U.S.A. They have suggested a tentative curriculum which on their own admission "will be of the same standard for both the Indian System of Medicine and Modern Medicine for the first 1½ years" (page 38) and for the further course also "the whole field of modern medicine will have to be covered in *much the same* manner as is done in the teaching of these subjects in modern medical colleges !,, (page 34) This course they think 'could be introduced uniformly in *all* institutions in the country' (p. 39) but they suggest, in the present financial stringency', that "at least one institution should be selected by each State Government for the *upgrading* in the manner indicated above" ! (What is to become of the other students at the *other* institutions in the 'interim' period was not included in the Committee's terms of reference, so they need not have said anything about it ?) Having thus over-simplified their task of providing 'improved (!) facilities (!) for training in Indian Systems of Medicine, the Committee piously hope to ensure "the production of such medical graduates" from these new institutions "as would, eventually, be able to advance, to *some* extent, the cause of the Indigenous Systems of Medicine"!

We feel it would now be apparent how the Committee have 'prejudged' all the issues before them. These, have been examined by over a dozen Committees appointed by various State Governments and the Central Government, and briefly stated, are :

(*i*) Is Ayurveda, a *scientific* system of Medicine ?

(*ii*) Is it so complete to-day as to be adopted as the *national* system of Medicine in this country, or

(*iii*) Is it necessary to supplement its knowledge in certain subjects like Surgery, Obstetrics, Gynaecology, Public Health etc., and, if the answer to (*iii*) is yes,

(*iv*) What could be the *minimum* standard, consistent with safety, of knowledge in these subjects that must be imparted to students undergoing training in these systems ?

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The vast majority of authorities have agreed that the answers are, respectively, (*i*) yes, (*ii*) No, (*iii*) yes, and (*iv*) a short course of training would be enough to fit them for Public Health Services. If the Committee, for whatever reasons, had thought it fit to differ from these views and had advised Government that since in their opinion the first issue was doubtful, Government would do well to concentrate on getting the principles of the system verified by *modern scientific methods*, and till this is achieved, stop all education of a 'concurrent' kind, since "leaving things as they are would be fraught with even greater danger," one could have at least understood them if one had to differ from them. But to have admitted that the system is scientific, and that its conceptions 'are held in veneration by a large section of our people' nay, to have conceded, as one member of the Pandit Committee, Dr. Yodh has done in the Mhaskar Committee Report, that 'should scientific methods fail to lead to a conclusive result it cannot discredit the original *Tridosha* Theory but can only show that *this approach* is unsuitable and then to have gone on to resolve that our "basic doctors' must have that knowledge 'which modern medicine can give' since one had to recognise.

> "the point of view that the public have a right to demand that all those who are to be trained for the specific purpose of practising the medical profession SHOULD have that knowledge"

passes all comprehension. The case of 'Nepal Baba' has sufficiently shown *what* the public demand ! Will the scientists of the Pandit Committee concede that demand or resist it ? If they would resist it, as we hope they would, must they not also resists the other demand, even supposing it were made, if Ayurveda was a scientific system ? This dabbling in 'politics' shows how truthfully David Lilienthal has said :

"When a scientist goes dogmatic he can make a politician look scientific by comparison". It also explains, perhaps, why Lord Horder wrote that he was accustomed to head the list of text-book for medical—modern scientific !—students to read, by Levon's "Primer of Logic" !

It is extremely curious, even amusing, to observe how the members of such Committees have changed their *considered views* with an ease bordering on avidity. We have referred to Dr. Yodh who advocated a different procedure, and priority in research, as a member of the Mahaskar Committee appointed by the Bombay Government. Vaidya Kavade and Gokhale, members of that Committee, were, before being appointed to the Committee, of the opinion that the educational standard for the course 'should be a general knowledge *upto matriculation standard*, with a good knowledge of Sanskrit and first year science with Sanskrit, and the length of the course should be 4½ years, respectively; (Ch. R. Vol II p. 105 & 109). But no sooner than they became members of a committee, they also became convinced that the I. Sc. standard was indispensable ! Kaviraj Ganesh Datta Saraswata deplored the persistence of

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the 'perversions of the so-called intelligentsia of the country—to our sorrow and shame' and demanded a 'separate department of Indian Medicine at the centre and provincial Governments, (Ch. R. Vol. II p. 488 & 489) before he served as a member of the Pandit Committee, and Dr. Banerjee had himself suggested four different courses to the Chopra Committee (Ch. R. Vol. II p. 465), but both of them, as members of the Pandit Committee, were convinced that

> "It is obvious that India cannot afford to have a low standard of medical education".

and that the only standard allowable was one with a *compulsory* training of a very high order in all the modern subjects !

We think the foregoing must have convinced our readers how this Committee has abdicated its scientific attitude and has made recommendations which are based on a deplorable prejudging of the issues. Our Prime Minister assured Shri Kamath in the Parliament that Government "would consider *all* systems of medicine, in a *scientific* way, and sincere protagonists of Ayurveda would have had no need to quarrel with that, although they could have held legitimate doubts of the capability of the 'scientific method' of to-day to verify the postulations of the ancient system. 'Every man takes the limits of his own field of vision for the limits of the world' said Schopenhauer, and if your system happens to be based on something that can not afford the 'proof of the crucible', you have either to toil to give such a proof or suffer the blocking of its *progress*. But it is one thing not to accord a recognition to a System as a 'scientific' system, and quite another to decree, even before it is tested, that everyone who has faith in it must needs undergo a training in the modern scientific system.

We propose, later, to show how the 'swan' of the modern scientific system is also really only a 'goose' ! But for reasons of space we would like to say *here* that we feel that the time has arrived when those who have a sincere faith in the validity of the principles of Ayurveda should plainly ask the Ayurvedic members serving on such Committees whether they sincerely believe in what the reports set out or merely sign on the dotted line ? If they do, why do they brag about Ayurveda being a whole science in itself, and endlessly pay false homage to the great *Acharyas* of Ayurveda who had no such training ?) (Some of these members have themselves had no such training !) If they do not, why do they, then, meekly assent to play the part of the wooden handle of the wood-cutter's axe ? Why do they continue serving on these Committees and merely strengthen the hands of those who have everytime succeeded in suggesting plans which have given the Indigenous Systems something that can only be described as a 'French' promotion ? If, as it would seem happened in the first meeting of the Pandit Committee, they protest against the directive regarding 'scientific methods' and earn a verbal victory by getting it interpreted as 'methodology of scientific investigation', why do they later get sufficiently be-fogged to give their assent to an investigation of Ayurveda which has no reference to any but the 'crude' methods—

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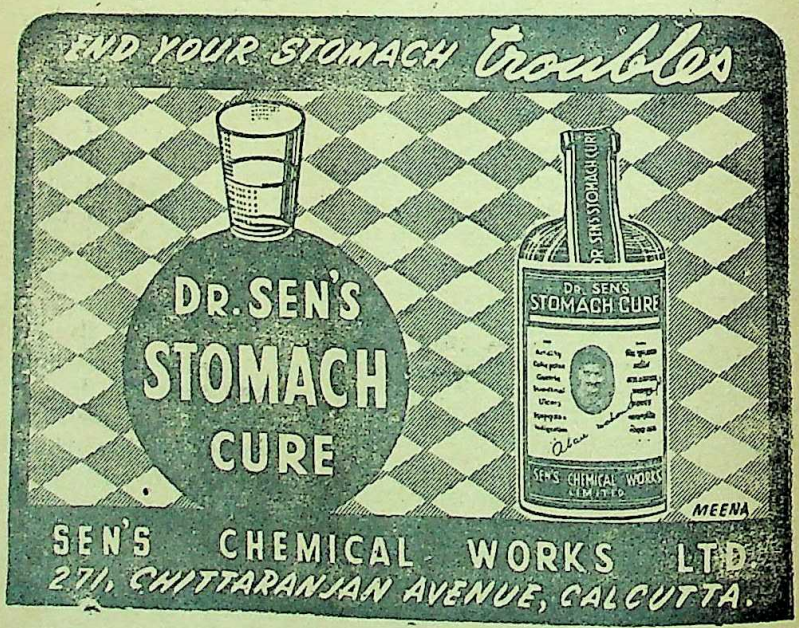
special techniques enabling studies of small moieties (?) of chemical constituents notwithstanding—and allow a *Darshanika* merely to hang around the Hospital of the Institute ?

Indeed one's mind goes back to the last days of the year 1947, when the conference convened by the Scientific Memoranda Sub-committee met in Poona. On the first day no sooner had the convenor finished his opening address, Pandit Ganesh Datta Saraswata got to his feet and posed the question :

"What *part* do Government, and the convenors of the Conference expect us, Vaidya members, to play in this *drama* ?"

What a fateful premonition Kaviraj Saraswata must have had then, and what an irony of fate that he was to play one of the executioners in this weird tragedy, the high hopes, the sense of fulfilment of a great task, of quiet confidence and earnest hope about the future of the closing evening being merely one of the early happy first scenes in it ! The Pandit Committee indeed seem to have allowed Ayurveda what may be described as a Rommel's choice !—to commit an honourable suicide and get a Marshal's burial, or to get executed in shame and dishonour !—If their recommendations are enforced by Government, obviously partisan and impracticable as they are, the curtain will surely fall in this drama on the *dead body* of the hero Ayurveda ! What a pity that our *Ram Rakshas* and *Ganesh Dattas* should have accepted the alternative, given by the Committee to Ayurveda, to commit suicide. There may indeed be some who would, as in the case of Rommel, recognise it for what it really is, murder !—but these would be only counted on one's finger tips and their cries will be only cries in the utterest wilderness !

N. R. A.



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Mind

By

Dr. S. Sur. M. B. Chapra, *Bihar.*

(*Continued from last issue*)

We can now confidently say mind is quite different from matter though they are essentially one in nature. In the line of evolution mind comes first and then the body, therefore mind is finer than matter, not only that, mind is the origin of matter. The different schools of *Bharatiya* Philosophy, though they differ in some detail, are unanimous on this point that the whole creation starterd from one and the first cause—*Purusha*. It has gradually condensed to Mind and from *Biraat* Mind to limited human mind and then to matter. In the end it has become this material universe and this world with vegitables and animals living in it.

The order of evolution is very nicely given in *Kathopanishad* "*Tanmaatraa* is higher than *Indriya, Manas* is higher than *Tanmaatraa, Buddhi* is higher than *Manas, Aatmaa* is higher than *Buddhi, Abyakta* is higher than *Aatmaa. Purusha* is higher than *Abyakta. Purusha* is the greatest of the great and finest of the fine. He is the cause and end of all. (*Kathopanishad. 64—10 & 65—11*). If X' be taken as the ultimate cause of every thing then X1, X2, X3 etc., take different shape and quality but in all the different forms, the X in its original form remains unchanged. It is known how electrons and protons change shape by changing their number and arrangement. The different forms take different names and are called elements but in all the elements the original electron and proton maintain their own form (*Swarup*). We also see how the bricks of the same size when arranged in different ways give different shapes to buildings but the bricks remain in their original form always. So the different combinations of X1, X2, X3 etc., will produce infinite number of different forms though X will remain unchanged. *Gitaa* has also given in Chapter 3—15) "*Tasmaat sarbagatam Brahma nityam yagne pratisthitam*" *Brahma* being omnipresent He is everywhere in his own *Swarup*. That the Cosmic Mind is the source of all things is not the finding of our *Rishis* only but the same is being corroborated by modern scientists also.

A great scientist of modern time Sir James Jeans in his book "Mysterious Universe" (page 137 edition 1933) has remarked, "Today there is wide measure of agreement, which on the physical side of science approaches almost to unanimity that the stream of knowledge is heading towards non-mechanical reality; the universe begins to look more like a great thought than like a great machine. Mind no longer appears an accidental intruder in the realms of matter, we are beginning to suspect, that we ought rather to hail mind as the creator and governer of the realms of matter not of course our individual minds, but the Mind in which the atoms out of which our individual minds have grown, exist as thought." So we see that this universe is not only created by Mind but consist of Mind. The Mind is the substance and process at the same time. Our observations in the cell division during the embryonic condition

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of man comes to the same conclusion. The cells themselves are the substance, thinker and builder of man. The knowledge of the ancient *Rishis* and most modern scientists have reached the same conclusion, though through different approach.

We can now confidently say that man consists of mind and body. A critic may say that when the matter that constitutes the body consists of mind then what is the necessity of a separate mind in it. We have already seen in our illustration of electric bulb that though the bulb, copper wire and all the necessary materials consist of electric particles (electron and proton) still electricity in its original form (*svasvarup*) is a necessity for the light. Similarly the *Panchabhautic* (material body consists of mental particles (*Anu*) still mind in its original form (*Svasvarup*) is a necessity for the proper expression of man.

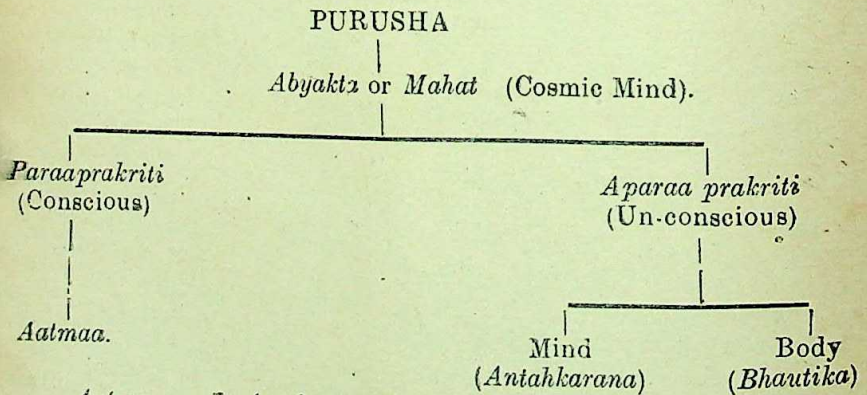
Charaka had given this long ago :—

Satvamaataa shariram cha trayametat tridandabat I
Lokastisthati sanyogaat tatra sarvapratisthitam II (Charaka 1).

Aatmaa (consciousness), mind and body are the tripod on which rests the *Loka* or man (*Karmapurusha*).

The subject which is concerned in medical treatment is this *karmapurusha*. Therefore it becomes imperarive for a student of medicine to have complete knowledge of *Aatmaa*, mind and body. Here lies the superiority of the east over the west, in its approach towards the science of life. We have to develope this science further and find out the subtle chemistry of the changes in the humours of the body due to fine changes in the structure of mind. The scientific discovery of the mystries of mind will bring a revolution in the science of life.

The conclusion drawn from all the discussions can be given in a table form :—



Aatmma.— It is the individualised portion of the Cosmic mind which is also called *Jivaatmaa* or *Kshetragna*. It is the knower of the *khetra* or the body. It actually does not take part in the actions of mind and body but is the witness (*Drastaa*) of their actions and makes them conscious of their actions. So far as the science of medicine is concerned we need not go further as we are more concerned with the mind and body. It is for the *Saadhakas*,

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who wants to realise the *Aatmaa*, to have the knowledge, that in the end this *Jivaatmaa* becomes conscious of its eternal nature and becomes one with the *Purusha*.

Antahkarana or Mind— It is the unconscious instruments of perception of the material body. We have already seen how a change in the structure of mind reacts on the body, therefore we have to go deeper into its nature and actions. Mainly speaking there are two fields of action of the mind, '*Dharmakshetra*' and '*Kurukshetra*' or '*Karmakshetra*'. (*Gitaa 1. 1.*). There is one aspect of mind that chooses the worldly things and tries to enjoy the espires worldly or temporary happiness. The other kind of mind to obtain higher kind of happiness that is known as *Aanandam*. Those who desire mundane happiness engage themselves in *Karmakshetra*, labour hard to possess money, food and women. This mind works through the *indriyas*, so they desire any thing and every thing pleasing to the senses. This wordly mind has three aspects. It is the worldly mind or lower mind, which has always downward tendency. This mind is narrow, ignorant, limited full of obscure desires and passions, cravings, revolts, pleasures and pains, transient joys and griefs, exultations and depressions. The other aspect of mind that aspires for *Aanadam* lives in the *Dharmakshetra*. It has an upward tendency, it is wide, vast, calm, strong, without limitations, firm and immovable, capable of all power, all knowledge, all *Aanada*. It is without ego ; in it is an instrumental force for all devine realisation. These two fundamental tendencies of mind has been described in the *Upanishads* as *Shreya* and *Preya*, the former leads the man to realise his Divine nature and the latter leads the man downwards, makes him the slave of his desires and gives him a cyclic motion to pass from one death to a greater death.

The lower mind can be divided into three stages, physical, vital and mental. *Manas* the lowest stage of mind is always attached to the *Indriyas* and so it behaves just like a physical machine. The external stimulus from outside passes through the *Indriyas*, touches the consciousness and then the discrimination of the object is done by *Buddhi*, when it decides that the object is desirable it orders the motor organs to be active and fulfil the desire. Therefore *Buddhi* is the vital part of mind. Then there is a subconscious part of the mind. It will be better to call it subconsient (as there are some objection to the term sub-conscious) part of the mind in which the *Sanskaaras* are stored. *Patanjali* has called it *Chitta-vritti*. So let us call this sub-consient part as *Chitta*. Therefore the lower mind has three divisions—*Manas*, *Buddhi* and *Chitta* of the lower hemisphere. The *Shreya* or the higher mind has also the three divisions—physical, vital and mental. The decision of *Buddhi* sometimes leads us to good channel and sometimes to bad channel, the good channel gives us an upward direction and the bad one gives a downward motion. Therefore *Buddhi* can be divided into two parts, good and bad. *Chitta* has also two different kind of functions. In one part there is no conscious thought, will or feeling, but which yet receives impressions of all things and stores them up in itself. The other part of *Chitta* is calm and in it is an

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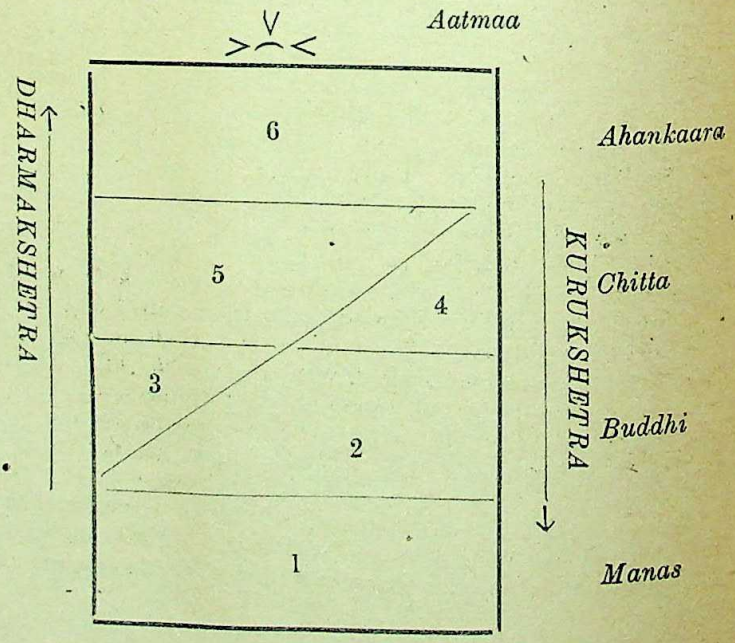
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instrumental force for all divine realisation. This is firm and immovable mind concentrated towards the divine. This mind never turns towards the worldly affairs. After this comes the last developed stage of mind—*Ahankaara*, which is in direct touch with *Aatmaa*.

In the *Yoga* system there are descriptions of six *Chakras* or centres, each of them have a fixed psychological use and general functions. *Mulaadhaara* or the centre at the perinium governs the physical; the abdominal centre—*Swaadhistaana*—governs the lower vital; the naval centre—*Manipura* governs the larger vital; the heart centre *Anaahata*—governs the emotional being; the throat centre—*Visuddha*—governs the expressive and externalising mind; the centre between the eye-brows *Aajnachakra*—governs the dynamic mind, wlll, visions, mental formation; the thousand-petalled lotus—*Sahasradala*—above commands the higher thinking mind, houses the still higher illumined mind and at a highest opens to the intuition through which the overmind can have with the rest communication or an immediate contact.

(Light on *Yoga*—Sree Aurobindo)

We have also divided *Antahkarana* (mind) into six catagories, so that all the functions of mind given above and all the findings of the western psychologists can be properly explained. A controversy may arise about the nomenclatures given here. As we have pointed out already that different schools of philosophy have classified mind in different ways but have used the same names. The same nomenclature have been given for different stages of mind by different authors. We have also used the same words but we shall try to explain those terms with reference to the different stages of mind, as we have classified. It will be better to explain the whole idea by a diagram.



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The *Antahkarana* (the whole mind) has been divided into four parts from below upwards —*Manas, Buddhi, Chitta and Ahankaara. Buddhi* and *Chitta* has been divided diagonally into two parts, each of them. Therefore we have six divisions of *Antahkarara.* Three of lower hemisphere have a downward tendency towards wordly things (*Bishaya*). It has been named as *Kurukshetra* or *Karmakshetra* (*Gitaa 1. 1.*). The three higher ones have an upward tendency and is called *Dharmakshetra.* Those who always think of me and mine are called *Maamakaa* and live in the lower hemisphere. Those who are *Paandavaa* or the wise live in the upper portion (*Darmakshetra*).

1. *Manas*— The lowest portion of mind, which is always in contact with the *Indriyaas*, behaves just like a machine. It is the physical aspect of mind, and above it is contact with *Buddhi. Indriyaas* always draw it out, towards the attractive sensual objects. Objects being many, this *Manas* is never calm but is continually being shifted from one object to another therefore its frequency of vibration is very great (*Chanchal*). It is *Anu* as it touches one point at a time. But it moves so quickly from one *Indriya* to another that the action seem to be simultaneous. The speed of the movement of mind has not yet been calculated but it can be said that it has a far greater speed than light. It takes 8 minutes for the light to travel from the sun to the earth, but mind can travel the whole distance within the twinkling of an eye, not only that, mind can travel not only the distance but can pass the limit of time also; it can think past, present and future at the same time. *Manas* behaves just like matter, therefore the scientists have tried to explain mind in the light of matter, which they call psycho-physical parallellism. Some say metaphysics or mental physics. Their observations are correct as far as this *Manas* is concerned. The decision of *Buddhi* is not determined by chemical or physical reactions, there are some reactions no doubt, the deliberations and decisions, but they are mental reactions. The physical reactions, take place when the material stimulus enter the *Indriyas.* But when a man is thinking, the *Indriyas* may not function, only the mind is acting then, no material impulse reaches the mind, but those impressions that are stored in the mind in mental from they come into play, they are not material waves and therefore defy all mechanical explanations. *Manas* and *Buddhi*, physical and vital,are mixed up on the surface of the consciousness, but they are quite separate forces in themselves, and when one gets behind that surface consciousness one sees them separate. *Manas* is that part of *Ahankaara* which has to connect material impulses from outside with the consciousness, and after being conscious the impulses pass through *Buddhi*, which decide the actions, then again it directs the motor organs to action (volition) The *Manas* behaves just like the material object and therefore it can be interpreted as a physical thing.

2 *Buddhi*— It is also a part of *Antahkarana* but is higher than *Manas.* This is the vital or life nature made up of desires, sensations, feelings, passions, energies of actions, will of desire,

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reactions of desire and of all that play the possessive and other related instincts, anger, fear, greed and lust etc. All these belong to the field of nature and lead man downwards. There is a purer form of *Buddhi* which may be called mental.

3. *Buddhi* (*higher*)— This part of *Antahkarana* is concerned with cognition and intelligence, with the reaction of thought to things, with the truly mental movements and formations, mental vision and will etc., that are part of his intelligence. The vital has to be carefully distinguished from mental, even though it has a mental element transfused into it. Though they are mixed up on the surface consciousness, they are quite separate forces themselves and as soon as one rises higher, above the surface consciousness one sees the distinction and can with the aid of this knowledge analyse their surface mixtures. Some times there is a conflict between these two parts of *Buddhi* which becomes a source of difficulty for the progress of man. There is a special portion of this mental being which watches, observes and passes judgment on all that happens in us. This part is commonly known as *Viveka*. Western psychologist has named this as censor. Names may differ but we are more concerned with the functions. This part functions as a judge or censor is quite apparent. *Viveka* reveals to us what are the right and what are the wrong movements in our nature. Many of its actions happen unconsciously without our knowing. We shall try to describe its functions in detail later on.

Western psychologists have only known the *Antahkarana* in its lower hemisphere and described their actions. About the higher portion of it they have only said it as *Id* or the great unknown. Therefore they have given all the stress on the sex. The lower mind is more engaged in worldly pleasure and sex is their greatest pleasure and any obstruction in the fulfilment of this desire cause all sorts of derangement of mind or neurosis. But our *Rishis* are more concerned with the higher form of mind, so they tried to find out the methods that can check the downward motion of mind. They have given us those methods and all our scriptures are full of these *Saadhanaas*. After controlling the lower mind they have given us the advise to try to lift the mind and reach the highest point the *Aatmaa*. This portion is quite unknown to the western psychologists. We shall now try to describe the part of *Chitta* that is in the lower hemisphere. The western psychologists have named it the sub conscious mind, which is responsible for the neurotic diseases in human beings. Instead of using the terms sub conscious and unconscious as used by Freud, we shall use the terms subconscient and sub-liminal. (used by Sri Aurobindo).

4. *Chitta*— It is that submerged part of our being in which there is no wakingly conscious and coherent thought, will or feeling it is also called the subconscient. It receives, obscurely though, the impressions of all things and stores them up in itself and from it all sorts of stimuli, of persistent habitual movements, crudely repeated or disguised in strange forms can surge up into dreams

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or into the waking nature. If these impressions can rise up most in dreams in an incoherent and disorganised manner, then they can also and do rise up into our waking consciousness as a mechanical repetition of old thoughts and physical habits or an obscure stimulus to sensation actions, emotions which do not originate in or from our consious thought or will but are often opposed to its perceptions, choice or dictates. In the subconscient there is an obscure mind full of obstinate *sanskaaras* formed by our past, full of the seeds of habitual desires, sensations and nervous reactions a most obscure material which governs much that has to do with the conditions of the body. The mental impressions which sink below the threshold of normal consciousness are not really been forgotten but are only inaccessible and latent having become part of the sub-conscient, they remain their *Sanskaaras*; but when they remain superficial, the past presentations come up on the level of consciousness as the memory.

In the subconscient, the *Sanskaaras* are largely responsible for our illnesses; chronic and repeated illnesses are indeed mainly due to its obstinate memory (in the subconscient) and habit of repetition of whatever has impressed itself upon the body consciousness. This part of *Antahkarana* is largely responsible not only for nervous diseases but also organic diseases. The repeated thought vibration of a particular disease can produce the disease in the body. If a normal and healthy person be given repeated suggestion that he is suffering from a particular disease, by so many persons, then after a time he may become a victim of that particular disease. The sub-conscient part sends unconsciously the vibrations of disease to the body. These repeated vibrations produce certain changes in the humours and tissues of the body. We have already discussed how the mind influences the body. Therefore the knowledge of *Chitta* or subconscient is very essential for a medical man. Thought can generate organic lesions. Colitis, the infections of kidneys and bladder are the remote results of mental and moral unbalance. Such diseases are almost unknown in social groups where life is simple and not so agitated, where anxiety is less constant as compared with the modern life in the cities. The National Committee for Mental Hygiene after a survey of the whole of America, have revealed that there are 340000 insane, 81580 epileptics and 500000 feeble-minded, over and above this there are several hundred thousand persons affected with psycho-neurosis. These figures show how important for modern society is the problem of mental health. All this is due to the fact that the higher stages of mind are not known to the west and so they do not know the method of changing the current of the lower mind towards the higher. It is not possible to improve or the mental health without knowing fully the actions of the *Chitta* or the subconscient, and the next higher stages that are capable of bringing this change.

5. *Chitta* (the higher)—This is the true vital, that is when mind turns away from the lower or worldly things and concentrates the scattered mind on to one point, the higher one *Aatmaa*, the

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vibrations become less and it becomes calm. It leaves the thought of 'my and mine' and dedicates his life for others then the mind becomes wide and vast. This mind is very firm in its faith and ideas and so it is unshakable. When *Chitta* becomes finer still it reaches the higher stage—*Ahankaara*.

6. Ahamkaara—the highest developed mind, it is without limitation, capable of all power, all knowledge and all *Aanandam*. It is more over without ego, for it knows itself to be a projection and instrument of the Divine; it is an instrumental Force for all divine realisation. It is the true mental being always calm and strong. The mental being within watches, observes and passes judgment on all that happens in us. Above it is in contact with the *Aatmaa*, here it may be called psychic. The psychic knows the purity of its own nature, being in contact with the *Aatmaa*, and the divine instinct within it, and so, it feels and it reveals at once what are the right and what are the wrong movements in our nature. It is by the growth of the psychic element in one's nature that one begins to come into conscious touch with one's central Being above. The psychic being is itself a spark of the Divine. So its natural attitude is to feel itself as the Child, the Son of God, the *Bhakta*, but in the dynamics of manifestation there is always even in identity a difference. But above all there is the central Being (*Aatmaa* or *Jivaatmaa*) which uses them all (*Antahkarana*) for its manifestation; It is a portion of Divine Self but this reality of himself is hidden from the external man who replaces this innermost self or soul of him by the mental and vital ego. When this unconscious fact becomes conscious, when the psychic element in one's nature comes in touch with the consciousness (central Being) above, then the Central Being uses a will to control and organise the movements of the lower nature. This is what Mahatma Gandhi used to say 'the inner voice'. It is then that one has a real, a spiritual as opposed to a partial and merely mental or moral self-mastery.

Aatmaa or *Jivatmaa*—supports all the rest described above and survives through death and birth. The Central Being described above has two forms—above it is *Jivatmaa*, our true being, of which we become aware when the higher self-knowledge comes, below it is the psychic being which stands behind mind, life and body. The *Jivatmaa* is above the manifestation in life and presides over it; the psychic being stands behind the manifestation in life and supports it. *Jivaatmaa* the *Aatmaa* or the eternal self of the living being is an eternal portion of the Divine. As the Eternal Being or the *Paramaatmaa* is indivisible it will be more appropriate to say "the multiple Divine manifested here as the individualised self or spirit of the created being." The One Divine became many "*Ekoham bahushyaama*" and the multiple Divine individualised Himself to *Jivaatmaa*, so it does not change its essence and it stands above the personal evolution; within the evolution itself it is represented by the psychic being, which supports all the rest of the nature. The Divine is always One that is Many. The individual spirit or soul is part of the 'Many' side of the One and the psychic being is what it puts forth to evolve here in the earth nature. When the self

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realises itself as the One (that is yet Many), it may merge or loose its own identity in the One.

When the body is dissolved, the vital goes into the vital plane and the mental goes to mental plane, they remain there for a time then the sheaths dissappear. Finally the soul or psychic being retires into the psychic world to rest there till a new birth. Each time the soul takes birth, each time a mind, life and body are formed out of the materials of the universal Nature, according to the soul's past evolution and its need for the future. The soul gathers the essential elements of its experiences in life and makes that its basis of growth in the evolution when it returns to birth it takes up with its mental, vital, physical sheaths so much of its *Karma* as is useful to it in the new life for further experience. Some of the western psychologists have described this process as Horme and Mneme, but they have not recognised the re-birth of the soul. They accept that the instincts and behaviours of man are the inherited engram complex, but they have not explained how man inherited these faculties.

The individualised consciousness widens itself into the cosmic consciousness outside and can have any kind of dealing with it, even it may merge and become one with the Divine consciousness. The cosmic consciousness is that of the universe with all the beings and forces within it. All that is as much conscious as a whole as the individual separately is, though in a different way. The consciousness of the individual is part of this but a part feeling itself as a separate being. In truth what he is comes into him from the cosmic consciousness, but there is a wall of separative ignorance between.

Prakriti or Nature is the outer of executive side of the *Shakti* or conscious force which forms and moves the worlds. This outer side appears here to be mechanical, a play of the forces or *Gunas*. The *Prakriti* is divided into the lower and higher,—the lower is the *Prakriti* of the ignorance, the *Prakriti* of mind, life and matter separated in consciousness from the Divine. The higher is the divine *Prakriti* always conscious of its Divine nature and free from ignorance and its consequences. Man so long as he is in the ignorance is subject to the lower *Prakriti*, but by spiritual evolution he becomes aware of his higher nature and seeks to come in contact with it—such an ascent can transform the lower nature of mind, life and matter. The aforesaid knowledge is essential to change the earth nature of man to Divine nature.

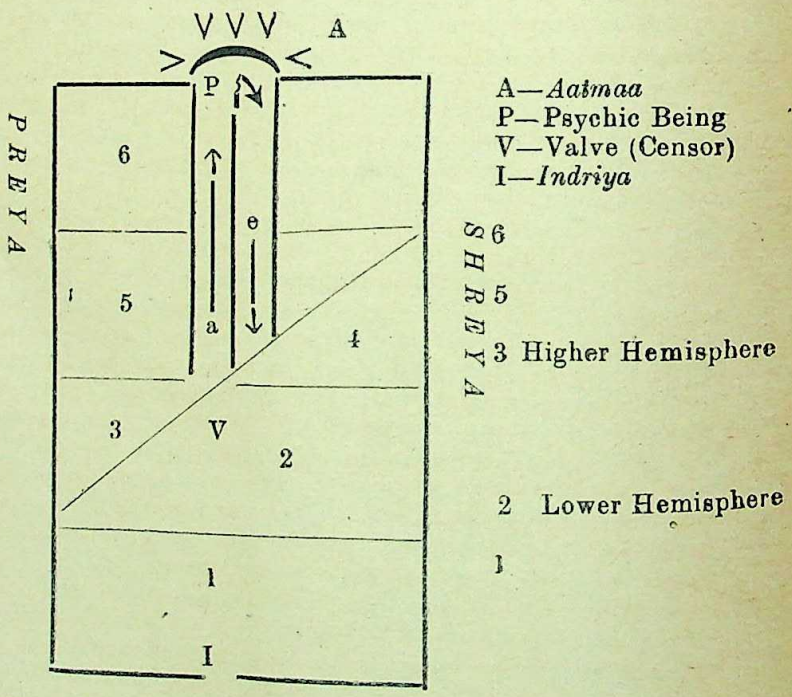
Viveka—It is a special part of *Antahkarana*. The portion of mind where the higher *Buddhi* comes in contact with the *Chitta*, that is where mind has taken a decidedly higher tendency, where the higher vital uses a conscious will to control and organise the movements of nature, this *Viveka* or controller or what the western psychologists say censor becomes active. It acts without our knowing and many undesirable tendencies which come out of the subconscient are checked by *Viveka* or censor. *Viveka* watches and passes judgment on all that happens in us and always tries to lead

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us to good path in our waking life, we sometimes pay heed to its warnings and some times not. We feel the dictates of conscience in our conscious life but much of the actions of *Viveka* occurs unconsciously and many thoughts from the subconscient in the form of desires which are alien to human nature, which have been condemned by our aesthetic training and which are contrary to our moral sense are resisted by it, here *Viveka* acts as a censor. These censored wishes seem to rise up from a veritable hell and tries to satisfy the unfulfilled wishes in the form of dreams. The distortion or the disguise of the dream content is proportionate to the severity of the censorship. The more shocking the wish the greater the severity of censorship and the greater will be the distortion. It also acts as a gate keeper and allows one external impulse to reach the consciousness at a time. So we see that this specialised portion of *Antahkarana* acts like a valve in the passage where external impulses enter the consciousness and also it acts as a valve where the repressed wishes try to find out a passage to come out into the physical plane for their fulfilment.

It will be better to explain those reactions in the mind by a diagram.



The vibration from the external objects, that is material vibrations, reach the *indriyas* first. The *indriyas* transform the material vibration to mental vibrations. The mental vibrations pass through the afferent channel towards consciousness after the contact they come through the efferent channel to the *indriya* again when it perceives the object. This is the most simple and narural reaction and hence the mind flows outwards towards

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the object. The impulse from *Manas* pass through *Buddhi*, so it carries *Buddhi* along with it to the consciousness, so *Manas* and *Buddhi* both become conscious. *Sankalpa* is function of *Buddhi* so it discriminates the object and sets a value to it or rejects it, etc. gives its own decision. The impulses while travelling upwards pass through the portions called *Dharamkshetra* (sections 3, 5, 6) and imbibes some of their qualities but while coming down it is influenced by the concealed *Shamskaaras* and *Bisya Buddhi* (wordly instinct) which dominates over the *Dharma Buddhi* and leads men towards wordly things, though this is true for common people yet there are exceptions. So we see that normal tendency of man is towards *Dharma* but the *Samskaaras* and environment diverts *Manas* to *Adharma*. The Architect who planned the mind and body of man has provided a safety valve as it were—the *Viveka* or Censor, to check the undesirable thoughts that try to come out to the conscious plane. This value 'V' acts on the afferent channel as a gate keeper and allows only one impulse from the *indriyas* to pass upwards. When the mental current comes in contact with the Consciousness it takes a conscious *Anu* with it and then pass through the efferent channel towards the *Indriya* downwards, while moving down it passes through the lower *Chitta*, where the past *Samskaaras* lie dormant. The passing mental vibrations set up a sympathetic vibration, as it were, which causes the dormant *Samskaaras* to become active and try to come out. When the *Samskaaras* are alien to human nature or contrary to our aesthetic and moral sense then the Censor or *Viveka* tries to repress them. If the *indriya* send similar repeated impulses or the person repeatedly thinks on the same subject then the *Samskaaras* get more excited and makes stronger effort to come out in the conscious surface. Therefore a tussle goes on between the *Samskaar* and Censor which makes the man restless inwardly. Then as if there seems to be a compromise and the Censor allows the *Samskaaras* to express themselves in dream in a disguise from or they appear in the waking life in the form of mechanical repetition of old thoughts and habits or mechical movement of hands and legs or symbolical movement of any part of the body. They sometimes give rise to neurotic symptoms and chronic organic diseases. Freud has given many illustrations of dreams and neurotic movement in his book "Psycho Analysis'. The treatment of those diseases lies in the fact that when the sub conscious thoughts are brought to consciousness or when the patient becomes conscious of the causes of those symptoms then he becomes cured. The *Samaskaaras* are then so very powerful that we cannot avoid them inspite of our education and moral training. Are we then to remain permanent victim of the *Samkaaras*? The west has suggested that in order to remove the cause of neurosis we must remove the repressions and give the youth absolute liberty to live as they like without and social and moral binding. But this will multiply the *Samskaaras* more and more and no body can get rid of them. The only cure lies in making the sub-conscient part concient and when we can know all our past actions which has given rise to those *Samshaaras* then and then only we shall be able to do away with those inner vices. But how to do that? How the subconscient be made conscious?

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In the figure given we find that the impulses from the *Indriyas* enter through the efferent channel and come out the efferent. If this ordinary movement be maintained always then there is no chance of any change. This change can only be achieved by a system of training of the mind, which is known as *Samyam*, (*Shama* and *Dama*). When the door through which the conscious vibrations go out be closed then those conscious vibrations are reflected backwards and they pass inwards through the efferent channel again and make those areas conscious through which they pass that is higher *Buddhi*, *Chitta* and *Ahankaara* (x 3, 5, 6,). They again go and touch the Consciousness, becomes more conscious and again come down through the efferent channel and makes the unconscious regions more conscious. When the conscious vibrations makes one complete circle the higher *Buddhi* becomes conscious (3). In the second turn the higher *Chitta* becomes conscious (5). In the third turn *Ahamkaaras* becomes conscious (6), and in another half turn the *Aatmaa* too becomes fully associated with these actions and takes the rein in His own hands. Se we see that in three and a half turn of the cycle within the *Antakaarana*, the whole of it becomes fully conscious and therefore those unconscious regions (subconscient) also becomes conscious and then the *Samskaaras* that were unconscious become conscious of the nature of its past actions and the *Samskaaras* vanish. This is the only method by which we can get rid of the actions of our passed *Samskaaras* and then only we can enjoy perfect bliss. That is why *Yoga Saastras* say that *Kulakundalini* has three and a half coils and the *Saadhaka* has to uncoil it and then can reach the stage of Eternal Bliss. The *Aatmaa* (*Jivatmaa*) too then becomes conscious that it is not separate but one with the Eternal Consciousness, thereby the individuality of the *Aatmaa* vanishes and it becomes one with the Eternal. This is what is called Salvation or *Mukti* or in other words the ignorance or veil that separated the *Jivatmaa* from the *Paramaatmaa* is removed and it becomes one with the *Paramaatma*. This is the highest realisation of man. the mission of human life.

Paraanchikhaani vyatrinant svayambhustasmaat paraang pashyati naantaraatman I
Kashchiddiraah pratyagaanamaikshadaabrittachakshuramritatva michan II

(*Kathopanishaad—72/1*).

The Eternal Being has constructed *Indriyas* for the purpose of seeing external objects. therefore men in general see outside things and not the inner *Aatmaa*. There are few wise men who in-quest of Truth control the *Indriyas* and by checking the outward tendency, converge the eyes (*Indriyas*) inwards to see the *Aatmaa*.

When such wise men see or come in contact with the *Aatmaa* or the Central Being and becomes one with Him, He takes the control of the body in his own hands and also becomes conscious. His unity with the Divine (He is One and He is the Many). Now the infinite power expresses itself through through the body and such persons can create wonders in this world. *Raamkrishna Paramhansa* used to say that Mother is working through the body.

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One Christian Saint said 'It is no longer I that is living but Christ liveth in me'. The mind at this stage (sometimes called Supermind infinitely powerful.

The Infinite Being became finite through inumerable centres of condensation and maintained the separation by the veil of ignorance, when this veil is removed it becomes one with the infinite and the supreme power is released. In the material world the same thing happens is an atom. As there are several layers of veil of ignorance round the Central Being, similar is the case with atom. There are several layers of orbits round the centre of the atom which is very difficult to penetrate. But when the central portion is bombarded by a stronger rays and the outer covering is destroyed then it can release infinite energy, a small portion of which had been utilised in Atom-Bomb. So one can judge the enormous power that is at the centre of an atom, as proved during last war in Hiroshima and *Nagasakai*. It is now proved beyond doubt that finest particles condense to become solid of *Shukshma* gradually become *sthula* and the more *sushhma* it is the greater the energy. Therefore mind being the finer than all the *panchabhutas* can yield more energy than any of the *panchabhutas*. Therefore no energy in the material world can be compared with that of the mind.

This enormous power of mind is within reach of any person. He must have the will to get it. There are instances which prove that there where men who posed it in the past, and even in the present times we have heard about *Ram Krishna Paramhansa* and *Sree Aurobindo* and *Mahaatma Gandhi* demonstrated such powers that impressed the whole world. There are these examples and the methods are also been given, we have only to follow the directions given and to practice those with perciverence and devotion that they require. But there are many who will say that it is not possible for men in this modern age to go to the jungle and devote one's life for this purpose. But men have spent their whole life in a laboratory to discover a new machine or a new chemical substance. The history of the discovery of atom bomb shows with what devotion and energy so many scientists have spent their whole lives to discover the power in an atom. Will not men exert many more times to possess an energy far more powerful than an atom bomb.

A question may arise here "Taking all this granted, what good this power will bring to a physician in healing a patient". We have already pointed out that to know a patient completely we must try to know his mind and the influence it exerts on his body and the chemical changes in the humours and glands of the body produced thereby. So in the process of analysis we have gone to its end. We shall next try to explain to what extent the physicians mind is also reponsible in the cure of the patient. Why a patient is half rhlieved on the appearance of a particular physician even before the medicine is administered? The mere suggestion of the physician that the patient will be cured will bring back the life of the patient almost half dead. (*To be contd.*)

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Nidaana and Its Interpretation

By

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Diseases of the Nervous System

Introduction to Vaata-Vyaadhi (वातव्याधि)

To a superficial observer the chapter on *Vaatavyaadhi* might appear as arbitrary grouping together of a great number of dissimilar pathological conditions. But in fact it is a fine piece of instance of generalisation par excellence. All the conditions mentioned in this chapter have got common pathology. It might appear rather unintelligible as to how *Ardtia* (facial Paralysis) can have the same pathology as that of *Aakshepa* (convulsion) or *Shoola* (Pain) or *Aatopa* (Paralytic ileus) or *Gaatra Suptataa* (Anaesthesia) of any part of the limb) or *Anindra* (Insomnia) or *Shwaasa* (Spasmodic condition of the respiratory tract).

(1) Facial Paralysis is an involvement of the Facial Nerve. (2) Convulsion are clonic or tonic contraction of muscle or groups of muscles due either to some pathological disturbances either in those muscles themselves or due to irritation of nervous centres or nerves, controlling or supplying those muscles. The causes may be idiopathic epileptic or hysteric. In (3) Pain of any nature the factor responsible for it is the irritation of the sensory nerve-endings. (4) Paralytic ilus is a condition of 'Intestinal Inertia' in which the intestine is incapable of muscular action and becomes distented with gas. Peristaltic action controlled by the autonomous nervous mechanism ceases. (5) Numbness or anaesthesia of limbs *Suptataa* is caused by the loss of function of the sensory nerve-endings. (6) Insomnia *Anidraa* is a state of hyper-excitability of the central nervous system. (7) Spasmodic condition of the respiratory tract *Shwaasa* is due to the stimulation of the bronchodilator nerve-endings.

Thus in all of these above conditions, normal physiological functions at fault are those of the nervous machanism—central (motor and sensory) or autonomous (sympathetic and parasympathetic).

In the language of Ayurveda we attribute these pathological changes to the derangement of *Vataa Vikaara* one of the three vital forces which control all physiological functions. All the dynamic activities of the body which are either under our volition or not, like the motor activities of the limbs and joints and the autonomous activities of the heart, lungs, alimentary canal, kidney,

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bladder etc. along with the sensory functions of the sensory nerves are comprehended under what we call *Vaayu-Karma Avikrita-Karma* and deranged activities under *Vaayu-Karma Vikrita.*

Thus though by this synthesis all the diseases of the nervous system comes under the scope of *Vaatavyaadhi*, (only we are to add to it the chapters as *Murchaa-Bhrama-Sanyaasa Nidana, Apasmvara Niddana, Unmaada-Nidaana.* Still the idea of oneness when we consider the case of the latter (i-e. *Vaatavyaadhi*) becomes all the more conspicuous and significant. This is because the etiology and pathology of all these varying diseases is the same and consequently so their line of treatment. That all these conditions coming under *Vaatavyaadhi* have the same pathogenesis is proved beyond doubt by the fact that all of them are amenable to the *vaataanulomaka* drugs.

The exponents of the western system of medicine will say that in Pain they use analgesic *Vedanaa naashak*, in convulsions (*Aakshepa*)—sedative *Avaasaadak*, in insomnia *Anidraa* — hypnotic *Nidraakar*, in bronchial spasm-anti-spasmotics (*Aakshepa-har*) and in facial paralysis—nervous stimulants and alteratives *Valya, Uttejaka, Rasaayana.*

But all of these viewed in the light of Ayurveda belong to the *Vaatashamana* group, i. e. they regulate the faulty physiological functions of the nervous system. Where the nerves are depressed, stimulation *Vaata-prakopana* is required and where they are excited *Prakupita* or irriated, depression *Vara-naask* is required. When the equillibrium is achieved the man becomes free from the diseases.

Thus apart from their pathology judging from the therapeutic side of these diseases it has been shown that all the diseases of the nervous system are encompassed by the single clinical entity *Vaataroga.* According to this *Unmaada,** *Murchaa, Bhrama, Sanyaasa* and *Apasmaara* though coming under separate chapters can be conveniently grouped under *Vaata-roga.* Those exhaust the scope of the diseases of the Nervous System.

The chapters on *Murcha, Bhrama, Sanyaasa* and *Apasmaara* will be discussed first.

Murcha

Definition Pathology.

"The aggravated *doshas* affect the external organs of senses controlled by the mind as well as all the internal *manovaha srotas* and thereby make the subject unconscious. He falls down on the ground like a log of wood and ceases to have feelings of pleasure or pain[1]."

*The chapter on *Unmaada* was discussed previously in the.....

[1] करणायतनेषूग्रा वाह्येष्वाभ्यन्तरेषु च ।
निविशन्ते यदा दोषास्तदा मूर्च्छन्ति मानवाः ॥
... ...
सुख दुःख थपोहाच्च नरः पतति काष्ठवत् । मा० नि० मूर्च्छानिदानम्

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Interpretation.— The organs of senses with their efferent nerve-endings (like those of the taste-buds in the case of organ of taste-hair cells of the organ of Corti in the case of organ of hearing—the rods and cones of retina in case of organ of vision and so on) cease to have their normal physiological function (vide वाह्येषु करणायतनेषूग्रा दोषा निविशन्ते and so too the pathways or tracts (of optic tract auditory tract etc.—vide आभ्यन्तरेषु करणायतनेषु) leading to their respective centres. The motor nerve-endings and the efferent pathways also cease to have their physiological functions and hence the stillness of the body like a log of wood (*Kaashthi-Bhoota*).

According to one conception the link between the higher centre of the brain and the end-organs of sensations and the objects of nature is lost while according to Ayurveda conception the link between the Mind—the *Indriyas* and the *Indriarthas* (*Indriya vishaya*) *is lost.*

Etiology.— "Incompatible, unusual or irregular diet, holding up of the impetus of calls of nature, direct violence with sticks or other weapons—all these in the case of a person debilitated physically *Kheena* or mentally *Kheena-satva* or with acute excitement of any *dosha* (वहुदोषस्य) ....." will bring about the pathological changes referred to above and cause unconsciousness.[2]

Interpretation.—Dietetic and hygienic errors lead to debility which is a predisposing factor for any sort of fit of unconsciousness. Those who are mentally weak *Heena-satwa* are more prone to such fits. Direct violence may produce shock or if on the head cerebral concussion or compression in all of which there is sudden loss of consciousness.

Types of *Murchaa*.

Murchaa has been classified into seven types as those to (1) *Vaata* (2) *Pitta* (3) *Kapha* (4) three *doshas* taken together (according to Charaka only) (5) *Rakta* (blood) (6) *Madya* (alcohal) and (7) *Visha* (poisons).[3]

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[2] क्षीणस्य वहुदोषस्य विरुद्धाहारसेविनः ।
वेगाघातादभिघाताद्धीनसत्वस्य वा पुनः ॥
... ...
तदा मूर्च्छन्ति मानवः मा० नि०

[3] "... ... ..."
मोहो मूर्छन्ति तामाहुः षड्विधा सा प्रकीर्तिता ॥
वातादिभिः शोणितेन मद्येन च विषेण च ।
... ...
सर्वाकृतिः सन्निपातादपस्मार इवागतः । मा० नि०

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Interpretation.—These seven as the casual factors of the seven types can be easily conceived of. But the description of the first three types as giveg in the texts seems rather more of a stereotyped mechanical nature than real.

These are mild degrees of *Murchaa* in which the loss of unconsciousness are not so deep-seated and the symptoms produced are those of *Vaata, Pitta* and *Kapha.* Among the causes of loss of consciousness in order of the degree of its depth are. Stupor, Syncopal attacks, Heart-stroke, Sun-stroke, Cerebral congestion, Coma (due to cerebral concussion—cerebral compression—Shocks, Hypoglycaemia, Diabetic coma, Uraemia etc.)

Examples of *Vaatika Murchaa.*

Synaopal attacks in anaemic patients (due to Cerebral anaemia), Cerebral Concussion, Cerebral Compression etc.

Examples of *Paittika Murchaa*—

Heat Stroke, Sun Stroke, Hyper-pyrexia, Cerebral Congestion etc.

Examples of Kaphaja Murchaa—

Encephalitis Lethergica, Cardiae failure in plethoric patients with fatty degeneration of heart Cerebral thrombosis, Cerebral tumour etc.

Saannipaati Murchaa

This is of a more serious nature ; the depth and intensity of unconsciousness is of the highest degree and it is more prolonged. Hence to this category can be classed the coma of Uraemia, Diabeti Mellitis etc. Coma of appolexy or cerebral haemorrhage due to hypertension can also be called a type of *Svannipaatika Murchaa* but there is a separate name given to it *Sannyaasa* and *Murchaa.*

Sannyaasa

They have defined *Sannyaasa* thns—[4] "In this the extremely aggravated *Malas* affect the *Hridaya*—the place of *Praana* and put a stop to the bodily and mental activities and made him unconscious. He lies down unconcious like a log of wood, totally inactive as if dead. Unless immediate measures are adopted, he soon succumbs to death."

Interpretation.— The above description of *Sannyaasa* is more or less a picture of a patient of Apoplexy—whieh is characterised

[4] वाग्देहमनसां चेष्टामाक्षिप्यातिवला मलाः ।
सन्नस्यन्त्समवलं जन्तुं प्राणायतनमाश्रिताः ॥
स ना संन्याससन्नयस्तः काष्ठी भूतो मृतोपमः ।
प्राणैर्विमुच्यते शीघ्रं मुक्ता सद्यफलां क्रियाम् ॥ मा० नि०

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by a sudden onset of profound coma due to a vascular lesion—haemorrhage, embolism or thrombosis — within the skull. The breathing is stertorous—the muscles are completely flaccid—the patient is incontinent; the tendon reflexes are absent there is difference in the size of the pupils due to unilateral lesion.

The seriousness of this condition is emphasised by this further observations :

"A person in *Sannipatika Murchaa* sometimes recovers even without medicines when the *doshas* come of their own accord to state of equillibrium, but a patient of *Sannyaasa* does not come round without medical measure."[5]

It may be observed here that even with medical measures more often nothing can be done to save the patient. The response depends upon the situation of the lesion and the extent of the lesion. If vital centres are affected or an extensive area is involved the chances of recovery are less. Even if recovered there must invariably be residual paralysis—the limb affected depending upon the area of damage to the cerebral cortex.

The knowledge to an Ayurvedic Physician of the pathology of this condition is a valuable asset in following the line of treatment. As blood vessels of the brain have been ruptured due to high arterial pressure the same measures of treatment as specified for *Apasmaara* and *Murchaa*—as pinching, needlings, striking, or applying other stimulating medicines or measures—will increase and aggravate the condition rather than relieve it. Perfect rest in bed-blood letting (*Raktamokshana*), use of drugs which bring down blood pressure (*Vaata-shaamak*)—these are the measures to to be adopted.

Murchaa and Apasmaara

Let *Sannipaatika Murchaa* might be confused with *Apasmaara* there have drawn a line of distinction between the two thus—

"..... As in *Apasmaara*, to here in *Sannipaatika Murchaa* there are no such violent fits (*Vibhatsa-chesta*) like giving up of foam through the mouth, crackling of the teeth, movements of the eyes and such other bodily gestures."[6]

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[5] दोषेषु मदमूर्छाया क्षतवेगेषु देहिनाम् ।
स्वयमेवोपशाम्यन्ति संन्यासो नोषधैर्विना ॥ मा० नि०

[6] "... ... ...
स (सान्निपातिकापस्मारः) जन्तुं पातयत्माशु विनाविभत् सचेष्टितैः ॥"
मा० नि०

अपस्मारे फेनव मित्वदन्तघट्टनाक्षिवैकृतादिकमधिकमिति भेदः ।
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The absence of violent convulsive movements characteristic features of Epilepsy distinguishes it from that disease. These will be discussed in connection with *Apasmaara.* The only feature common to all of these conditions is the element of unconsciousness which thus can better be called a sysmptom rather than a disease.

Raktaja Murchaa

A person suddenly falls down in a fit, loses consciousness at the sight or smell of fresh blood.

Interpretation :—There are some persons with weak nerves who cannot keep their balance or equillibrium of the mind brain at the sight of fresh blood or a sudden flush of light or on hearing sudden loud voice. This is called Psycho-motor epilepsy—a type of Reflex Epilepsy.

Madyaja Murchaa

"In this the person who has taken overdose of alchohol or its preparations, loses his control over the mind, falls down on the ground—throws his hands and feet and mutters delirium and becomes unconsciousness. He does not regain his consciousness till the alcohol is not eliminated from the body".[7]

This is the unconsciousness of the 'drunks' due to Alcoholism.

Vishaja Murchaa

"In this type of *Murcha* due to intake of poison, there are convulsions—deep sleep—thirst—blurred vision.....and other symptoms according to the nature of the poison taken—"[8]

Interpretation :—These are cases of poisoning by Opium, Barbiturates, Carbon-mono-oxide etc. in all of which there is complete loss of consciousness though there are other distinguishing features. In opium poisoning the pupils are contracted to pin-points. In Carbon monoxide poisoning there is sudden collapse and loss of consciousness "with a stertor and a chery-red complexion."

Apasmaara

Definition, etiology and pathology.

"The *doshas* aggrarated by mental broodings, ponderings (suppressed thoughts) or mental afflictions (like pangs of grief)—affect the channels of *Hridaya* and kill the memory. The person loses his

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[7] मद्येन विलपन् शेते नष्टविभ्रान्तमानसः ।
गात्राणि विक्षिपन् भूमौ जर्रायावन्न याति तत् ॥ मा० नि०

[8] वेपथुस्वप्नतृष्णाः स्युस्तमश्च विषमूर्छिते ।
वेदितव्यं तीव्रतरं यथास्वं विषलक्षणैः ॥

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consciousness and makes abnormal movements of the eye-ball, hands and feet."—[9]

Interpretation :—The above is definitely a clinical picture of epilepsy which is characterised by loss of consciousness with convulsive movements. The picture as given in text books of modern medicine completely conforms to that described in the *Apasmaara nidaana.*

(1) The Sensory aura (preceding the fit) like flashes of light or colour is conveyed by such statement as

"a patient of *Vaatika apasmaara* will see black, brownish vision"—"a patient of *paittika apasmaara* will see vision yellowish or blood red or the world around enveloped with fire"–"a patient of *Kafaja apasmaara* will have as his aura whitish visions."[10]

(2) For the motor aura like twichings of the muscles and limbs, one can refer to such terms as *Hritkampa, Prasphuram* and *Samrambha.* For the next symptom

(3) Loss of consciousness one has to refer to **स्मृतेरपधंस** (in **कृत्वा स्मृतेरपधंसमपस्मारं प्रकुर्वते)**" meaning loss of consciousness—*Smriti* here means consciousness **(स्मृतिश्च ज्ञानोपलक्षणम् – मधुकोषटीका)**

(4) The next symptom convulsion is implied by the term *Samrambha* which is explained rightly as throwing off of hands and feet **(हस्तपदादिविक्षेप)**–clenched hands clonic and tonic convulsions and abnormal movements of the eye ball *Netra vikriti.*

(4) The stage of drowsiness and stupor gradually passing into deep sleep following convulsions is conveyed most aptly by the term *Tamah-pravesha.*

(5) Periodicity of attacks a marked characteristic feature of epilepsy is clearly contained in the lines.

"The aggrarated *doshas* herald the fits of attacks at the end of a fortnight or twelve days or a month a little before or after."*[11]

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9 "चिन्ताशोकादिभिर्दोषाः क्रुद्धा हृत्स्रोतसि स्थिताः।
कृत्वा स्मृतेरपध्वंसमपस्मारं प्रकुर्वते॥
तमः प्रवेशः संरम्भो दोषोद्रेकेहतस्मृतेः।"

10 "पस्पारुणकृष्णानि पश्येद्वा पाणि चानिलात्।"
"पीतफेनांगक्षाक्षः पीतासृग्रुपदर्शकः।
सतृष्णोष्णानलव्याप्त-लोकदर्शी च पैत्तिकः॥"
"... ... ...
पश्चेत् शुक्लानि रुपानि लैष्मिको मुच्यते चिरात्।"

11 "पक्षाद्वा द्वादशाहाद्वा मासाद्वा कुपिता मलाः।
आयष्मारय कुर्वन्ति वेगं किञ्चिदथान्तरम्" ॥ मा० नि०

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They were not satisfied by simply stating the periodicity of attack but they have entered into a philosophical discussion into the cause of their periodicity and the latest stage of the disease.

"If the causal factor of the disease remains inside the body, why should it not have the constant effects ? Or if the *doshas* have been subdued in totto then instead of cessation of disease. Why should there be repeated attacks ?"[12] The answer to this they have supplied this—"just as there are some seeds which even with the rains do not sprout up in the rainy season, but do so only in the autumn—similarly even in spite of the presence of the disease-producing factors, the attacks wait for and depend upon some time factors."[13]

The exact cause of this periodic fits of attacks has not been explained even by modern science.

Lastly even the special symptoms of "Status Epilepticus"—a condition in which the patient has a series of fits occuring in a very rapid succession—had not been missed. This condition with its fatality has been referred to in the following lines :—

"A person of *Apasmaara,* who is weak, who is subject to repeated attacks of fit, whose eye brows more and eye baths make abnormal movements is a victim of death."[14]

Hysteria—its place in Ayurveda

This is a clinical feature with psychogenic attack of fits without any organic diseases. The etiology is mostly some suppressed desires or unsatisfied longings. The only feature common to Epilepsy is the fits but the points of differences are more. Hysterical fits take place in the presence of an audience; there is no tongue biting—the patient never injures herself (it is usually a disease of the woman folk). The eyes are usually screwed up and the hands clenched and the movements purposive.

Samrambha (convulsive movements throwing of hands and feet—clenching of hands)—and *Netra-vikriti* (movements of the eye balls)—these are features common to both Hysteria and Epilepsy no doubt. And this has led many to include under *Apasmaara* both the conditions *i.e.* Epilepsy and Hysteria. But the two conditions are markedly different. In Epilepsy the movements are not purposive—the patient suddenly falls unawares and as such hurts himself

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12 "ननु वेगं कृत्वा अपस्मारारम्भको दोषोऽस्त्येव तत् ।
कुतः सर्वदा वेगं न कृत्वा द्वादशाहादिष्वेव कुरुते ॥" मधुकोष

13 "देवे वर्षत्यपि यथा भूमौ बीजानि कानिचित् ।
शरदि प्रतिरोहन्ति तथा व्याधिसमुच्छ्रयाः ॥"

14 "प्रस्फुरन्तं सुवदृशः क्षीणं प्रचलितभ्रुवम् ।
नेत्राभ्याञ्च विकुर्वाणमपस्मारो विनाशयेत् ॥" मा० नि०

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—may bite his tongue; there may be incontinence of urine. These differential points are not given in the chapter on *Apasmaara*. But the mention of regular intervals between the attacks (पक्षाद्वा द्वादशाद्वा etc. etc.) is a symptom characteristic of Epilepsy only.

This absence of definite line of distinction between the conditions has led subsequent scholars to coin a separate name for hysteria (*Yoshaa-pasmaara*) meaning *apasmaara* of the females and hysteria is a disease of the females.

They defined *Yoshaa-pasmaara* thus—"Due to anaemia or plethoric condition of the blood, dyspeptic conditions of the bowels, mental depression, serious anxiety or grief, change of life (menopause) in women. some disorders in the uterus, cruelty or detachment on the part of the husband, failure to satisfy the sexual desires, widowhood—due to all these the mind and the body get affected. This is an affectation mostly of women folk–the symptoms are like those of *Apasmaara* and hence called *Yoshaa-pasmaara*.

But actually, there is a great difference between Epilepsy (with whom we equated *Apasmaara*) and hysteria (*Yosha-pasmaara*).

In Epilepsy whether it is of the idiopathic variety or symptometic form there is some organic cause behind it though the exact nature of the cause is not always known but in hysteria there are no signs at all of any organic disease. Hysteria is a disease more of the mind (psychological disorder).

(To be continued).

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15 शोणितस्य क्षयाद्वापि तथाधिक्यादजीर्णतः ।
कोष्ठरोधात् मनोभंगादत्युद्वेगाच्च शोकतः ॥
रजोऽभावाच्च योषाणां जरायुविकृतेस्तथा ।
अशक्तेरपि नैष्ठ्भुर्यात् पत्युरस्नेहततप्तथा ॥
वैधन्व्यजन्यादाधेश्च योषापस्मारसंज्ञकः ।
गदः प्रजायते कृच्छ्रो मनोदेग्रतापनः ॥
योषितामेव बाहुल्यात् यत एष भवेद् गदः ।
अपस्मारप्रकृतिकस्तेनास्यैषाभिधा मतो ॥

आयुर्वेद विज्ञानम्

———

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Mahasammelan News

Hon'ble Members of the Indian Parliament to Kindly See

The following is the text of a letter addressed by the General Secretary of the All India Ayurvedic Congress to the Hon'ble Members of the Indian Parliament

—

To

The Hon'ble Members of the Indian Parliament,
NEW DELHI.

Sub : 1. Recognition of Ayurvedic Institutions and Colleges.

2. Adoption of Syllabus for the Diploma and Degree Courses in the Indigenous Systems of Medicine.

3. Formation of an All India Ayurvedic Board.

Sir,

You will please recall the answers given in the Indian Parliament on the 19th itstant bearing on the topics referred to above. The Indian Ayurvedic Congress respectfully submits that the Central Government is not at all serious about the regeneration of a Science which, inspite of a thousand years of foreign rule, is still serving 90% of the country's population without costing a single pie to the National Exchequer. The Government is criminally wasting our hard-earned National Income on the import of foreign drugs most of which can be easily dispensed with in view of the abundance of herbs and drugs in our country-side. The Government seems unmindful of the deteriorating health conditions of the masses and is clinging to the advice given by the Allopathic Medical Council of India and the so-called foreign experts of the World Health Organisation. It is high time that you the trustees of the Nation, devote some thought to this problem. How the subject of Indian Medicine has been and is being approached by the Health Ministry will be made amply clear from the enclosed copy of a letter which we have addressed to the Hon'ble the Health Minister. We hope you will please read through the letter and force the Government to stop the big farce of professing sympthy for Ayurveda and yet not doing anything for it. The subject of Indian Medicine is vitally connected with the welfare of the Indian Nation and it is no good playing with it even after the attainment of independence.

Thanking you,

Yours faithfully,
(Guru Dutt)
General Secretary
All India Ayurvedic Congress.

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To
The Hon'ble Shrimati Rajkumari Amrit Kaur,
Minister for Health,
Government of India,
NEW DELHI.

Sub : 1. Recognition of Ayurvedic Institutions and Colleges.
2. Adoption of Syllabus for the Diploma and Degree Courses in the Indigenous Systems of Medicine.
3. Formation of an All India Ayurvedic Board.

Madam,

In reply to questions in Parliament, Mr. Kidwai, officiating for you, is reported to have said that the recommendations of the Health Ministers' Conference with regard to topics Nos. 1 and 2 above had been referred to the Medical Council of India for their views. Mr. Kidwai is further reported to have said that the matter of formation of All India Ayurvedic Board would be considered in due course.

The Indian Ayurvedic Congress takes a very serious view of these pronouncements and regrets that the Central Government have not approached the subject of Indian Medicine in a logical and consistent manner inspite of our repeated representations to them in this regard. Reproduced at the end of this latter you will find the copy of the penultimate and last paras of the Memorandum we submitted to you and the State Health Ministers in your conference when our representatives waited on you in a deputation on 31st August, 1950.

The Indian Ayurvedic Congress has also made known to the Central and State Governments its reactions to the recommendations made by the Health Ministers' Conference. In the opinion of this Congress the conference was not a competent body to advise as to what should and what should not be taught to a would be scholar of Ayurveda. This was the function not of Ministers Politicians gathered in a three-day conference but that the specialists in the subject, that is, of the teachers and Pandits of Ayurveda. The conference had also gone beyond its scope by advising the Government about the basic educational requirements of a student going in for Ayurvedic Studies.

And now we learn that even these impractible recommendations, strictly on Aurvedic topics, have been referred to the Medical Council of India—a body which represents only the Western Medical interests in the country. Not a single Ayurvedic Scholar is represented on this Council. This body, apart from being absolutely ignorant of Ayurveda, is pronouncedly antagonistic towards it. In testimony of this statment we would refer you to the address delivered by its Presidents at its various Annual Sessions. This is not a body capable of passing judgment

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on matters relating to Ayurveda, and it is, therefore, that we may not accept any of its plans relating to education and research in Ayurveda. The Indian Ayurvedic Congress, the sole representative of Ayurvedic profession of the country, is the proper body to advise the Government on Ayurvedic subjects. That this body is being continuously by passed and flouted is a matter of great regret for us, and we hope that your Honourable-self will see to the propriety of our claim and accept it in a straight forward manner. Although justice delayed is as bad as justice denied, yet we would remain thankful to you for your doing us a good turn even at this late stage; our representative character should be recognised now.

As regards the setting up of an All India Ayurvedic Board we are pained that the Government is still undecided about it. We have begun to feel that our Government does not mean to help Ayurveda so that it may play its full part in the Health Service of the Nation.

Through this letter we only intend to lodge our formal protest against the Government's policy of referring Ayurvedic topics to a Body which is quite ignorant of Ayurveda. No good can ever be expected out of such ill advised reference. We, on our part, my state it empathically that we will not be bound by anything that the Medical Council of India may deem it expedient to say about India's own Medical System. In conclusion we beg to reiterate that the proper method of dealing with the problem is to set up a Centeral Directorate of Indigenous Medicine without any further delay and refer all matters relating to Ayuveda to that Directorate.

Hoping this will receive Honourable-self's best consideration,

I am

Yours faithfully,
Sd/Guru Dutt
General Secretary,
All India Ayurvedic Congress

Copy of the penultimate and last paras of the Memorandum which was submitted by a deputation of the all India Ayurvedic Congress to the 3rd Health Mininister' Conference on 31st August, 1950 :—

"We may also take this opportunity to draw the attention of the Hon'ble Health Minister to the growing apprehensions in the minds of those having faith in Indian Medicine regarding the queer and shifty ways by which the subject of Indian Medicine has been and is being approached by the Centre. The Health Survey and Development Committee (Bhore Committee) deliberately and voluntarily cut down its legitimate field of work by 90% by leaving out of its scope a system of medicine dealing with 90% of Indian population, on the plea of ignorance of the Indian Medicine; even though they followed it up by certain

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remarks (e. g. those of Ayurvedic hygiene) which, to be authentic presupposed a thorough and deep study of the Ayurvedic Texts. It was followed by the Chopra Committee which commenced with a personnel of six Allopaths, three Hakims and no Vaidya. Not, until an allopath on the committee insisted of the inclusion of at least one Vaidya, was an Ayurvedic Physician made a member of the Committee, long after it had started its deliberations. Immediately on the publication of the findings of this body, which by no stretch of imagination could be regarded partial to Ayurveda a note from the Central Government accompanied by a detailed, controversial and derogatory criticism of the Chopra Committee recommendations was circulated to various Provinces and States. Before ascertaining the reactions of these States and Provinces to the circular a new Committee, the Pandit Committee, was set up to work along entirely different lines, from those suggested by the Chopra Committee, and now, the subject of Indian Medicine has again been brought up in an unholy haste, even before the Pandit Committee has delivered its findings on the subject. This queer admixture of evasion, irregularity and pursuation, exhibitting a dread of the weighty testimony of their own experts, on the part of the Centre, should not succeed in hustling the States into abandoning this policy of legitimate and well deserved support to the advancement of the Indian System of Medicine.

"In conclusion, we beg to reiterate our view that steps should be taken at once to implement at least the main recommendations of the Chopra Committee in regard to the Medical Education, Medical Registration and Medical Research in Indian Medicine."

———

Special Session of the All India Ayurvedic Congress

A special Section of the All India Ayurvedic Congress will be held at Ghaziabad (Distt. Meerut U. P.) on the 11th and 12th of August, 1951. Vaidyaranta Pt. Shiv Sharma, Ayurvedacharya, will preside over the Session.

The Readers of the Journal of Ayurveda may be well aware that the Government of India appointed a Committee under the Chairmanship of Dr. C. G. Pandit, in December, 1949, to advise them on the topics of studies and Research on the Indigenous Systems of Medicine. The Committee submitted their Report to the Government in the month of Feburary last. The Special Session referred to above has been specially called to consider the very Report as its implementation is closely interlinked with the development of Ayurveda and is bound to have widest possible reprecussion on its future. The writer prefers to refrain from making any comments on the Report as that might prejudice the issue to be taken up at the Session. Let each member attending the Session have his say on the subject first. The Ayurvedic Congress will formulate its views on the Report at the Session,

A Strong Reception Committee with Vaidya Shri Babu Ram Misra of Hapur as Chairman, Vaidya Shri Lakshmi Narayan Sharma

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of Ghaziabad as General Secretary has been set up and has started functioning. The venue of the Session would be Mahananda Mission College, Ghaziabad.

About a thousand Vaidyas from all over the country have been invited to attend the Session.

———

Bharatiya Jivanu Vijnana

भारतीय—जीवाणु—विज्ञान

Written and published by Shri Raghuvira Sharana Sharma Vaidya, Rasaayana Shala, Bulandshahar, U. P.. pages 116, price Rs. 1-8-0.

Shri Raghuvira Sharna Sharma has by writting this book, made a fruitful effort of epitomising the Vedic theory of germs, which is so laudable. The Ayurveda holds in prominence the *tridosha* on whose uniformity and disturbance it bases health and disease respectively, and the germ-theory has traditionally been considered to be a part and parcel of tridosha system; but the learned author has attached the highest importance to the theory of germs. In doing so he has not only based himself on such testimony as the *Vedas*, the *Brahmanas*, the *Upanishadas*, the *Darshanas*, the *Smriti* and the works of *Charaka*, *Sushruta* and *Vagbhata*, but has also successfully tried to prove his position on very sound arguments which indicate his deep learning and clarity of ideas. The style of Mr. Sharma's writing is exquisite, hence it appeals to the erudite most. He has dilated very clearly on the names, sizes, colours, species and other details of the germs and has suggested several germicide Ayurvedic medicines. Apart from this, the book contains description of several other points worth knowing by a lay man. It has thus become a very valuable manual for every household and practising hands too. The author's attempt has really refuted the view held by the western-minded people that the Indians were ignorant of the theory of germs. A reader of the book cannot help being convinced that whereas the western germ-theory is a few centuries old, the Indian theory on the subject is of very ancient origin.

The language used in the work is quite interesting. Having once begun the book, one wants to complete it. It is a very useful work and will prove a very good addition to libraries both personal and public.

———

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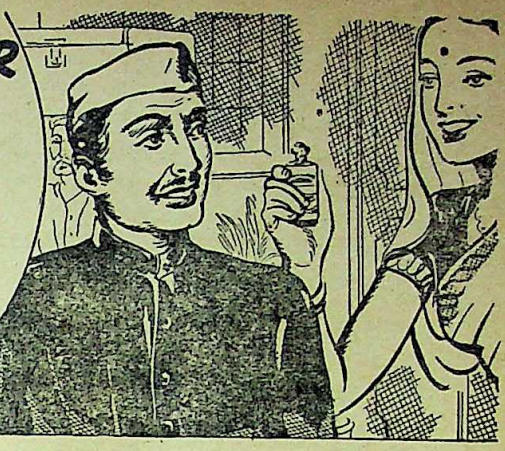
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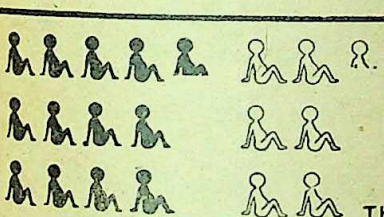
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Dedicated to the Service of Physicians throughout the World

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मृत्योर्माऽमृतं गमय
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THE JOURNAL OF AYURVEDA

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EDITORIAL

Planning for Health

III

We wrote, in berief, a few hints for the maintenance of health, in our last issue. Ayurveda lays a great stress upon the methods for the maintenance of it. If instructions given in this respect in Ayurveda are followed by majority of people in a country, need of physicians can be reduced to a very great extent. Ayurveda describes very elaborately the *'Dincharya'* and *'Ritucharya'* and the Government should educate the people in these methods described there.

Physicians and doctors should only be wanted in exceptional circumstances. These circumstances will be those on which one has no control, like accidents and hurts in fights. Most of the prevailing diseases can be resisted, if the system is healthy from the Ayurvedic point of view, that is a system which is observing the rules laid down in Ayurveda for the purpose.

Allopathic science, according to its modern trends, consider that diseases are caused by the action of germs and the whole effort of the science is being directed towards finding poisons that can kill the various germs of diseases. According to the allopathic notions, the body of a man plays a secondary role in the coming of the diseases and in their cure. The natural result of this notion is that stronger and stronger poisons are being invented for the killing of the germs. These poisons cannot but effect the vital organs of the body as well. The natural result of this method of dealing with the diseases is the deterioration in the health of the man.

Ayurvedic system lays greater stress on the system of man. It propounds that if the system is healthy, then the germs of diseases cannot effect the body. This is, now, recognized by the allopathic doctors as well, that T. B. germs are mostly present in all men, but

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they effect the system of a few weaklings only. This state of affair is recognized by Ayurvedists in most of the diseases. Germs of a very great number of diseases are always present inside or outside the system of a man, but they remain ineffective if the body is healthy, e. g., has the balanced *'Tridoshas'* in it. It is when the balance is upset, that the disease creating germs flourish in the system. If the balance of *'Tridoshas'* is regained by the system, the germs either die down or become ineffective.

In certain cases it has also been found out that germs bring about the upsetting of the balance in *'Tridoshas'* but such cases are very few. It is true only in contagious diseases. In such cases, the germs are required to be killed, but it has to be done before they enter the system or before they start their action in the body. Cholera and Plague are the examples of such diseases. However, this is not the case in most of the diseases.

This fundamental difference in the outlook of Ayurvedist from that of the allopaths brings about a world of difference in the methods of diagnosis and those of treatment. For the diagnosis of a disease according to allopathic system, the detection and identification of the germs concerned is very essential. For this, elaborate laboratory methods are to be used. As it is not the body that is to be examined, the symptoms that appear on the body becomes of secondary importance. The result is that diagnosis in allopathy is becoming very costly, so much so, that even the richest can afford them with difficulty. Modern allopathy cannot work without the help of highly elaborate Pathological laboratories. This increases the cost of plans for Health, tremendously.

In Ayurvedic system the tilting of the balance of *'Tridoshas'* is studied. *Tridoshas* are the part and parcels of the body and the upsetting of their balance is indicated by certain symptoms on the body. The symptoms can be recognized with marvellous acuracy by the examination of the body by very ordinary means. The accuracy in diagnosis in this way depend on the knowledge and experience of the physician. *Doshas* in the body are part of the body and any deviation in their balance in the body must create symptoms on the body and the detections of them is the diagnosis of the disease. Sometimes symptoms appear and the presence of germs is not detected. In other cases the germs are detected but the person does not feel ill in any way. This means that the diagnosis of a disease is more intimately connected with the symptoms developing in the deseased body than with the presence of the germs in the body.

It is clear, therefore, that the diagnosis according to Ayurvedic system is simpler, cheaper and quicker than that by the allopathic system.

It is not only the diagnosis, but also the treatment that becomes simpler, in case, we accept the Ayurvedic theory. The germ theory demands that stronger and stronger germ killing remedies must be found out, as the germs get addict to a remedy in a short while. A continuous research for finding better and better

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poisons to kill the germs, is required. These poisons cannot fail to affect the system, as well, specially, the heart and the nervous system. In this way man's generation is growing weaker and weaker every day and thus more and more susceptible to all kinds of diseases and germs.

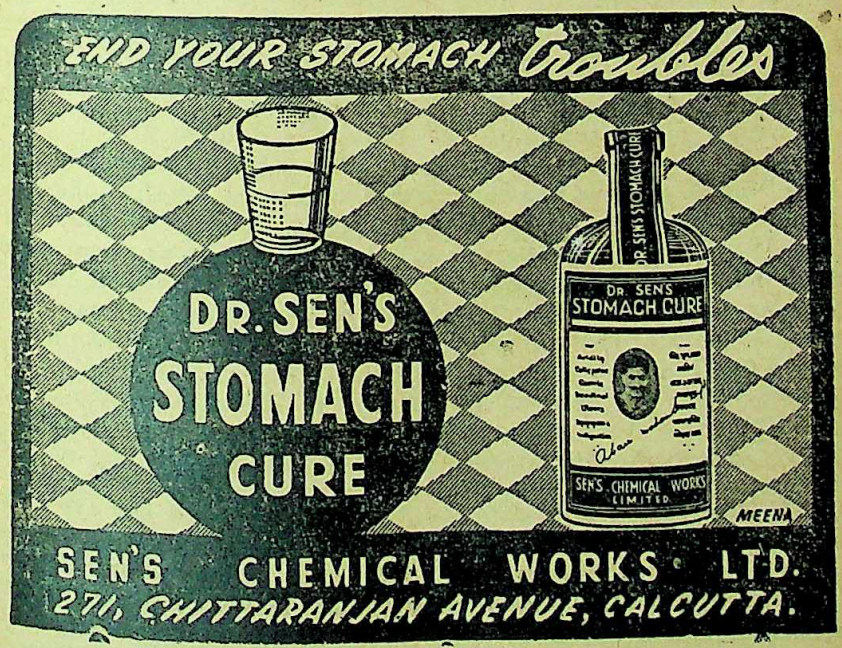
This shows that Allopathic system is not the right method of dealing with diseases of the human system. India, and in fact all other countries, even the richest ones, cannot fail to find out the futility of the allopathic system. The cost of working this system will be increasing everyday.

If we can eliminate the necessity of laboratory methods for diagnosing diseases, then the cost of treatment will fall down to a very great extent, Ayurveda can help in doing so. In Ayurveda the whole research shall be directed towards connecting symptoms in a patient with the diseases he is suffering from. Ayurveda has already made a great advancement in this respect and with its help it is not impossible to diagnose diseases with the utmost precision.

This done, the treatment of diseases according to the theory of *'Tridoshas'* will further simplify the matter.

It is, therefore, very necessary, that the planing for health should be on the lines of Ayurveda. A plan can be made to replace allopathy, completely, in twenty years time. then, it will be possible to make Bharat independent of foreign imports in the matter of medicine, Also the health conditions of the people will, easily surpass, that in the most advanced countries of the world.

———



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Vision Under Adverse Conditinos

By

Dr. R. S. Agarwal, *15 Daryaganj, Delhi.*

The ocular hygiene teaches us to protect the eyes from various influences which are very often difficult to avoid, and those who indulge in them are supposed to be ruining their eyes. Bright lights dim lights, sudden fluctuations of light, reading fine print, reading in moving vehicles, reading lying down, going to the movies, etc., have long been considered "bad for the eyes" and much literature has been published about their supposedly direful effects. These ideas are diametrically opposed to the truth. When the eyes are properly used, vision under adverse conditions not only does not injure them, but is an actual benefit, because a greater degree of relaxation is required to see under such conditions than under more favourable ones. It is true that such adverse conditions may at first cause some discomfort, even to persons with normal vision; but a careful study of the facts has demonstrated that only persons with imperfect sight suffer seriously from them, and that such persons, if they practise central fixation, quickly become accustomed to it and obtain great benefit.

Bright Lights—The eye is made to react to the light and naturally it acquires the ability to take care of itself under extreme conditions of illumination. Still the medical profession and the lay public remain in fear of strong lights. Extraordinary precautions are taken in houses and outside by means of umbrellas, hats, dark glasses, eyeshades and bandages. If actually some disease is present, it is no uncommon thing for patients to be kept for weeks. months and years in dark rooms, or with bandages over their eyes.

About this universal fear Dr. J. Herbert Parsons of the Royal Ophthalmic Hospital of London, addressing a meeting of the Ophthalmological Section of the American Medical Association in 1910, said that Ophthalmologists, if they were honest with themselves, "must confess to a lamentable ignorance of the conditions which render bright light deleterious to the eyes". Since then Verhoeff and Bell have reported an exhaustive series of experiments which indicate that the danger of injury to the eye from light radiation as such has been "very greatly exaggerated". It cannot be denied, of course, that brilliant sources of light sometimes produce unpleasant temporary symptoms; but as regards definite pathological effects or permanent impairment of vision from exposure to llight alone, Dr. Verhoeff and Bell were unable to find, either clinically or experimentally, anything of a positive nature.

It is not light but darkness that is harmful to the eyes. Prolonged exclusion from the light always lowers the vision, and may produce serious inflammatory conditions. Among young children living in dark houses this is a somewhat frequent cause of ulcers upon the cornea, which ultimately destroy the sight. Daily exposure of the closed eyes to the sun or strong electric light improves

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the health of the eye, relieves most of the discomforts, and is a great benefit in the inflammatory conditions of the eye.

Dim Light—Children are usually cautioned by their parents and teachers not to read in a dim light. In fact there is a universal fear that reading or doing fine work in a dim light is very harmful to the eyes. However, this fear is unfounded. So long as the light is sufficient so that one can see without discomfort, this practice of reading in the dim light is not only harmless but may beneficial.

Sudden Fluctuations of Light—Sudden contrasts of light are supposed to be particularly harmful to the eyes, but there is no evidence to support such beliefs. Sudden fluctuations of light undoubtedly cause discomfort to many persons, but I have found them actually beneficial instead of being injurious. Persons with imperfect sight suffer great inconvenience, resulting in lowered vision, from changes in the intensity of the light, but the lowered vision is always temporary, and if the eye is persistently exposed to these conditions, the sight is benefited. Such practices as reading alternately in a bright and a dim light, or going from a dark room to a well-lighted one, and vice versa, are to be recommended. Even such rapid and violent fluctuations of light as those involved in the production of the moving picture are in the long run, beneficial to all eyes.

Fine Print—It is a common belief that reading fine print is very harmful to the eyes and most writers have stated that fine print is a strain to the eyesight, and is the cause of myopia. Every one knows that Chinese and Japanese use very large print and suffer most from myopia and I think there is no nation in the world that has so much myopia. Dr. W. H. Wates has made many remarkable discoveries relative to the prevention and cure of imperfect sight without the aid of glasses. Among the most important of these discoveries and one that has been proved again and again is the following :

FINE PRINT IS A BENEFIT TO THE EYE, LARGE PRINT IS A MENACE.

Large print is detrimental to perfect sight because the eye tries to see the whole letter at once. When one is looking at an object, for instance, a chair, the object blurs if the whole is seen at once. You cannot possibly see the arms, legs, back and body of a chair all at once. If you either see the back first or the seat, the object remains clear. This is central fixation, that is, seeing best where you are looking, and this central fixation is usually lost in reading large print.

Very fine print reading cannot be done unless the eyes are relaxed and central fixation is good. Children might be bored by books in exceedingly small print; but there is no reason for supposing that their eyes would be harmed by such type. On the contrary the reading of the fine print, when it can be done without discom-

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fort, has invariably proved to be beneficial, and the dimmer the light in which it can be read, and the closer to the eyes it can be held, the greater the benefit. The reason that fine print cannot be read in a dim light and close to the eyes unless the eyes are relaxed, whereas large print can be read in a good light and at ordinary reading distance although the eyes may be under a strain. Some people find it beneficial to imagine the white spaces between the lines of print, whiter than the margin. When one imagines the white spaces perfectly white, the print becomes very black and legible. Daily reading of fine print is a benefit to the eye. Persons who cannot read them are benefited simply be moving the sight on the white spaces in between the lines of print or by looking at them.

Patients who can read photographic type reductions are instantly believed of pain and discomfort when they do so, and those who cannot read such type may be benefited simply by looking at it.

Reading in moving Vehicles—Persons who wish to preserve their eyesight are frequently warned not to read in moving vehicles; but since under modern conditions of life many persons have to spend a large part of their time in moving vehicles, and many of them have no other time to read, it is useless to expect that they will ever discontinue the practice. Fortunately the theory of its injuriousness is not borne out by the facts. When the object regarded is moved more or less rapidly, strain and lowered vision are at first, always produced; but this is always temporary, and ultimately the vision is improved by the practice.

Reading while lying down—There is probably no visual habit against which we have been more persistently warned than that of reading in a recombent posture. Many plausible reasons have been advanced for its supposed injuriousness; but so delightful is the practice that few probably have even been deterred from it by fear of the consequences. As in the case of the use of the eyes under other difficult conditions, it is a good thing to be able to read lying down, and the ability to do it improves with practice. In an upright position, with a good light coming over the left shoulder, one can read with the eyes under a considerable degree of strain; but in a recumbent posture, with the light and the angle of the page to the eye unfavourable, one cannot read unless one relaxes. Anyone who can read lying down without discomfort is not likely to have any difficulty in reading under ordinary conditions.

Going to the movies—Cinematographic pictures are commonly supposed to be very injurious to the eyes, and it is a fact that they often cause much discomfort and lowering of vision. They can, however, be made a means of improving eyesight. When they hurt the eyes it is because the subject strains to see them. If this tendency to strain can be overcome, the vision is always benefited, and if the practice of viewing the pictures is continued long enough, many eye troubles are cured.

I always advise many eye-patients to go to the movies frequently, become accustomed to the flickering light and learn to look

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at the picture without strain. They are advised to keep the upper lids down in the position of rest and to blink frequently. They are warned not to stare. If the pictures hurt the eyes I instruct them to look away to the dark for a while, then look at a corner of the picture; look away again, and then look a little nearer to the centre, and so on. In this way the patients soon become able to look directly at the picture, without discomfort. When this does not help, I ask them to try palming for five minutes or longer, that is, to close the eyes and cover them with the palms avoiding any pressure on the eyeballs and then recall the memory of black colour or the episode. The fact is that vision under difficult condition is good mental training. The mind may be disturbed at first by the unfavourable environment; but after it has become accustomed to such environments, the mental control and consequently, the eyesight is improved.

EFFECT OF SOLAR ECLIPSE UPON THE EYE.

A College student stared at the solar eclipse for about fifteen minutes with both eye open. Just after seeing the eclipse everything seemed to be blurred, covered with smoke. Next day something like a whirling flower composed of white and dark specks appeared all the time before the eyes even when they were closed. Whirling was very fast for the first three days. On the fifth day the patient felt a black speck bigger than the sun before his eyes all the time. While seeing sign-boards, sticks, parallel bars or other straight things, he felt them distorted. The lines of print seemed to be curved, and the letters dim. The black speck varied in size according to the distance at which he saw it. At ten feet its size was one and a half inches in diameter; and at one foot its diameter was less than half the centimeter. He consulted many doctors and the opinion was, "A part of the retina was burnt, and the defect would remain permanent. Use dark glasses". After examining the eyes of this patient, I explained to him that I differed from this opinion. The resulting blind area (Sectoma) and other symptoms were not due, as was commonly supposed, to any organic change in the eye but were the result of a strain of the mind and eyes while seeing the solar eclipse. A return to normal was quite possible, and the prompt relief of the symptoms mentioned would follow the relief of eye strain. This proved that the abnormal conditions were the result not of the bright light of the sun, but of the strain. I said, "The vision is a process of mental interpretation. The picture which the mind sees is not the impression on the retina, but a mental interpretation of it. To the mind objects seen appear to be in an upright position, but the picture on retina is upside down. When the sight is normal the margins and openings of black letters on a white card appear whiter than the rest of the card, but, this of course, is not the fact, the whole background being of the same whiteness. When the imagination is perfect the mind is always perfectly relaxed and nothing can harm the eyes and sight. By relaxation of the mind some persons can look at the sun for sufficient time without any discomfort or loss of vision. When the eyes and mind are under strain, the imagination is imperfect. The mind, in short, addes im-

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perfection to the imperfect retinal image. A great part of the phenomena of imperfect sight is, therefore, imaginary and not in any way to be accounted for by the derangement of the visual apparatus."

My conversation impressed the patient and he was confident now about his cure. He had a good memory and it seemed to me easy to help him because good memory is a great aid to eyesight if it can be rightly applied. When he closed his eyes and covered them with the palms, avoiding any pressure upon the eyeballs, I asked him if he could imagine that he was writing his name with pen and ink on a sheet of white paper. He said he could do that quite easily. I directed him to spell his whole name and then imagine each letter, and to place an imaginary dot at the end of his name. I asked him next to forget about his name and remember the dot. The patient was able to remember the dot and remarked that the dot appeared to move in various directions with a slow, short easy swing. Memory of a black dot may be difficult for many patients and other relaxation methods may be tried for them. After ten minutes when the patient opened his eyes he felt a cooling sensation in his eyes and relief of his discomfort. He frequently closed the eyes and covered them with the palms for ten or fifteen minutes each time, and usually remembered a black dot but sometimes he liked to recall the memory of other things as the colour of his black shoes and white trousers and his familiar game badminton.

While practising on the Snellen test card the patient glanced at the white centres of the letters instead of fixing the signt on the blackness of the letters. At times he closed the eyes for a minute or longer, remembering white snow, white paint, a white cloud in the sky. This enabled him to observe that the white centres of the letters appeared whiter than the margin of the card; and as the white centres appeared whiter, the blackness also increased, and subsequently the letter became perfectly distinct. His reading sight was soon improved when he moved his sight on the white spaces first below the lines of the print without making any effort to look at the letters. Gentle blinking was a great help.

Within a few days the sight became normal, and distortion of straight things disappeared, but the black speck faded gradually and it took about one month when the speck disappeared completely.

(2) Another patient, A *Sanyasi*, having normal vision stared at the mid-day sun just to attain some mental power. After a few minutes when he took the sight away from the sun he began to see the sun on everything which he saw. When he closed his eyes the sun was visible in his imagination. This became a great discomfort to him because the true form and colour of the object was not visible due to the appearance of the sun on the object. Reading and writing became almost impossible. It was declared by the doctors that the condition of his eyes could not be improved as the retina of the eyes was damaged.

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The *Sanyasi* was a men of determination and he dared to challenge the doctor's opinion. In the night when the moon was shining he looked at the moon for at least an hour with the idea that the cooling rays of the moon would neutralize the effect of the hot rays of the sun. While looking at the moon he mentally imagined the moon. The Sanyasi made himself all right within three days. To confirm that his discovery about the treatment was genuine he again made his eyes worse by looking at the sun and began to see the sun on all things. Again he repeated his experiment and looked at the moon in the same way and made his eyes all right.

(3) To another patient, after seeing the solar eclipse a yellow coloured speck appeared before the eyes. The black letters on the Snellan test card and on the book appeared to be grey. Reading sight had sufficiently deteriorated, letters appeared very irregular. Multiple images were frequently seen.

I advised this patient to cut all his activities and remain in a green room for about a week. When questioned whether the green or smoke-coloured goggles could serve the purpose of the green room, I said that they could be somewhat useful but complete relaxation was not possible as the goggles could not relieve the mental strain which was underlying the imperfect functioning of the eyes. Moreover when the goggles became misty and dirty the patient did not care to clean them as he was not conscious. It was a wrong belief that goggles kept the eyes safe from dust because the dust which entered inside could not come out hence there was accumulation of dust on the eyes and goggles. Being the son of a rich man a room was soon made of green shade by putting nice green curtains. As green colour is very soothing to the eyes this patient felt some relief. While remaining in the green room he washed his eyes with cold water by dipping his face in a basin full of water and then practicised palming about five or six times a day. In the early morning the patient went out for walking with bare feet on the green grass. The mild dew touching the soles of the feet ceeated a cooling sensation in the brain and helped in the relaxation of the mind. In a week's time the yellow speck completely disappeared but the sight for reading was not yet quite good. To improve the sight I directed the patient to practise central fixation on the various charts given in my book 'Central Fixation as an aid to eyesight'. After a few days not on by ordinary reading became quite comfortable but the patient could also read even the finest print without any discomfort.

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Mind

By

Dr. S. Sur. M. B. Chapra, *Bihar.*

We have known by this time some of the functions of mind and the process of dream formation. But our original question still remains unanswered—"What is Mind". Now we have to find out its nature. This path is not well trodden and therefore it is very slippery, so we have to proceed very cautiously and verify the results scientifically. Science is experimental and requires instruments for the tests. There are instruments for psychological tests but they record the actions of body produced by mental emotions. There is no instrument which reacts directly to mind. A normal and conscious man is the only instrument we can have and the results can be varified by any mind.

Let us select an experiment which is a general experience of mankind. "A man sees a rose and is attracted towards it by its sweet smell and its beautiful colour and is very much pleased". "A man sees a snake and runs away repulsed by it". These are general experience of man and any one can verify them. On analysis of the facts we get some remarkable points. 'A man sees', now what is seeing ? The man suffers attraction and repultion by the feeling of pleasure and fear respectively.

Let us analyse an act of seeing. It is a common belief that eyes see objects. A little scrutiny will show that it is not correct. People sometimes say "My mind was diverted elsewhere, therefore I did not hear", "My mind was elsewhere, I did not see." (*Brihata-ranyaka-Upanisat*.13.2.7.) The above facts prove that inspite of the image of the object falling on ratina we cannot see and of the sound wave stimulating the ear-drum we cannot hear. This shows that the sense-organs themselves are not competent enough for realisation of objects. There must be some other factor the presence or absence of which makes the sense organs fit or unfit to function properly. What is this factor ? It is mind, as is apparent from the very observation—'mind was elsewhere. Therefore the mind must be in contact with the sense organs for proper realisation of external objects. Without mind the eyes cannot see, the ears cannot hear, so it is evident that in reality the mind sees and hears. The sense organs are only instruments that carries the sensations (*Tanmatra*) to the mind. But the mind alone cannot see without the help of eyes. If we analyse an act of seeing, we find that there are other factors that come into play. The object must be present. then comes the help of a *Devataa* or light, then the instrument, eyes and lastly the mind in contact with the instrument. If a single factor be absent the act of seeing cannot take place. A table is given below to show the connections of different factors.

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Object of	Organs (*Indriya*)	*Devataa* (*5 Bhutas*)	Sensations (*Tanmaatraa*)	
Touch	Skin	Space	*Sparsa*	Mind
Image	Eyes	Light	*Rupa*	Mind
Sound	Ears	Air	*Shabda*	Mind
Taste	Tongue	Water	*Rasa*	Mind
Smell	Nose	Earth	*Gandha*	Mind

(The term *Vayu* is not equivalent to Air, because in Ayurveda *Vayuroga* means nervous disease also. Therefore, for the convenience of students of science sound has been connected with air and touch with space)

The western "MIND" is something for which there is no adequate sanskrit equivalent since the notions are different. When we speak of mind in *Vedanta* we refer to what is explained as *Antahkarana* (*antah*-inner; *karana*-instrument) 'Inner instrument', as distinguished from the outer instrument (*Baahyakarana*). The term '*Manas*' is almost always used in a defined sense so that it cannot be translated into 'Mind' as understood by western psychologists. Indian '*Manas*' is distinguished from western 'Mind' in this that the former as such is not conscious. Pure consciousness is not an attribute of mind (*manas*). It is imminent in mind and is the source of its illumination and apparent consciousness. Western psychologists say that greater portion of Mind is unconscious and only a superficial portion of it is conscious. The recognition of two forms of mental activity, Conscious and Sub-conscious (sub-liminal) seems to contain the germs of the distinction, which India has always held, between *Manas* and Consciousness. *Manas* in that portion of Mind which comes in contact with the sense organs, as such it is called the Sixth organ (*Sashtha Indriya*). (Charak 1.8) & (Gita 13-7) It is the means whereby perception becomes possible and thus it is called inner sense. It works in co-operation with the outer senses organs which are made of the same material as the objects which are sensed. Like is known by the like. As they are of the same stuff they react on each other. Had they been of different nature the interactions would not have been possible. Therefore mind is '*Jada*' and is different from consciousness or '*Chaitanya*'. It is unconscious instrument of knowledge. It is only when the *Manas* stuff touches the consciousness that is becomes conscious. This is the explanation why the greater portion of Mind is unconscious as observed by the western psychologists.

Antahkarana has been divided into four stages *Manas*, *Buddhi*, *Chitta* and *Ahankaara*. (*Mayabada Vedanta.*) The object of knowledge first knocks at the gate of (*Indriya*) the sense organs to be introduced within. *Indriyas* refer the sensations to *Manas*, which refers to itself the personal experience so enjoyed (as *Ahankaara*) and then ditermines the objeet (as *Buddhi*). The one Mind does all this, but is variously named according to its various functions as separate principles or *Tattwas*, *Ahankaara* is the limited form of the Eternal consciousness. It is the I-making (*Aham*) or individualising principle which refers its (mind) operations to

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that particular individual. Thus we see that the scientific explanation of an act of seeing is not very simple.

We infer another nature of Mind from our experiment above. When *Manas* is in contact with one sense organ other do not function and this proves that perceptions or experiences arise serially and not simultaneosly. Though we sometimes feel that we can see and hear at the same time, as in Cinemas, but it is not correct. On the screen we see one continuous picture but the real fact will be evident if we look at the film, there are innumerable pictures coming one after the other in such a quick succession that on the screen we see it as one. There must be a gap between the pictures in the film but we cannot feel it. This is due to persistance of vision. It takes some time to carry the impulse from retina to brain centre through the optic nerve. If another impulse passes through the nerve within that period then the vision persists we cannot feel the gap. Similarly if the mind moves from one organ to the other within that time then also the gap will not be felt and seeing and hearing will seem to be continuous. When the mind is concentrated on one organ others do not function. So the mind can be compared to a door-keeper, who admits one person at a time and keeps others out. We, now come to other qualities of mind. *Manas* is not only very fine but exceedingly light so that it can pass very quickly from object to object. It is atomic (*Anu*) according to *Nyaaya* school.

"Anutvamathachaikatvam dvaugunau manasah smritau".

(Charaka. 1)

Manas is one and atomic. *Manas* is itself unconscious, one or indivisible and atomic. It is instrumental in the production of knowledge but is neither its ground (*Adhistana*) nor agent (*Adhyaksha*). It is subtle state of matter (*Anna*-food) and hence the prompter of the body. (*Chhandogya Upanisad*) Mind is a bundle of habits. It is a collection of desires arising from contact with different objects. It is a collection of *Samskaaras* or old ideas, which is a collective inheritance of the race stored in the mind. (*Vedana*). Mind has been termed '*Bibhu*' by *Rajayoga* school of *Maharshi Patanjali*.

Thus we see that the mental is a quasi material process. It holds that both processes-psychical and material have common ground and thus escapes the difficulty in conceiving interactions of mind and body, which is commonly supposed to be of a wholly different nature. It differs therefore from psucho-physical parallelism in that it offers no explanation of the relation between psychosis and neurosis. Western science thus vaguely feels that there ought to be unity behind mind and matter (else the interactions between mind and body becomes impossibility), but does not yet know where the unity is to be found. Relatively speaking there seems to be a quality of mind and matter in their actions.

We may now consider in greater detail the nature of Mind or *Antahkarana*, its functions and its process. According to *Naya*—

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vaisheshika, the *Aatma* or self is all pervading, immense, the ground and agent of knowledge. It is the seat of consciousness.

Yogavashistha says the mind is the finite portion of the all powerful absolute consciousness. It is the definite vibration of *Sankalpa* (creative thought) of pure consciousness.

"Anantasyatmatatvasya sarbashaktermahaatmanah.
Sankalpa shaktirachitam yadrupam tanmano biduh."

(*Yogavashistha*)

Out of the *Kalpanaa* (creative thought) of the Eternal being, thought vibrations started. These vibrations change shape according to the pictures in different *Kalpnas* and finally take a finite shape. As in a waterfall the water scatters into inumerable particles and agin accumulate at one place and forms into a stream, so innumerable minds are created out of the creative force of the Eternal consciousness, and they flow in a stream of creation and finally disappear in the sea of consciousness again.

The final outcome of the process of the perception are as follows :—

(1) *Antahkarana* (Internal perception).

(2) *Baahyakarana* (External perception).

In external perception these following connections must be successively established—(a) the contact of the object with the appropriate sense organ, (b) the *Manas* must attend the organ and (c) offer the sensations to *Ahankaara*, self or *Aatma*. The whole process of perception will be clear if we follow the workings of a Radio. A man sings at the radio station in New Delhi in front of a microphone, which transforms the sound wave into electrical wave. The powerful transmitting instrument sends this wave far and wide. The receiving radio set catches the wave to which it has been tuned and then transforms the electrical wave into a sound wave, which is heard by another person. A conscious being man sings, this means that he exerts his energy and blows air through his lungs to the vocal chord which sets the air in vibration. This sound wave is transformed to electrical wave and again to sound wave which reaches the ears of a conscious man again. Similarly the vibrations of external objects (touch, image, sound, taste and smell) reach the sense organs and then they are transformed into sensations, that is from material waves they transform into mental wave. Mental waves become still more fine when they pass through *Buddhi* to *Ahankaara* or Self. It is only when contact is established with the Self or *Ahankaara* that *Buddhi* and *Manas* become conscious of the experience. *Manas* presents and discriminates, *Ahankaara* owns and arrogates and *Buddhi* decides and resolves. *Ahankaara* is the personal or finite consciousness which realises itself as a particular 'I', the experiencer, and is also called '*Abhimaana*', it has another function thought. So '*Ahankaara*' has two enveloping circles round it, which limit it from the eternal consciousness, *Ahankaara* and thinks itself separate from the Infinite. *Ahankaara* is further enveloped with

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another circle, and becomes more condensed into *Buddhi*, which has got three circle round it. Therefore it has *Abhimaana*, power of thinking and decision. *Buddhi* in its turn is enveloped again and becomes, (more condensed), bound by four circles, with for functions—Ego, Thinking, Discrimination and *Sankalpa*, *Bikalpa* or attraction and repulsion, *Raaga*, *Dwesha* or attachment and hatred The images built up by *Manas*, through unconscious operation, can not affect by themselves the experiencer, unless the experiencer identifies himself with the images by *Ahankaara*.

We have so far analysed the process of perception. In our experiment we have seen that the a man was attracted by a Rose and repulsed by Snake. This is known as *Raaga* and *Dvesha* and they are two *Vrittis* of mind. From the stand point of *Saankhya*, a *Sanskaara* is a Tendency, while a *Vritti* is a action, both are *Vyaapaara* (energising) of *Antahkarana*. If we say that the processes of perception constitute the vital nature of man, then behind this vital nature there is his true vital being conceled and immobile and is different from the surface vital nature.

"There is a vital plane (self-existent) above the material universe which we see; there is a mental plane (self-existent) above the vital and material. These three together, mental, vital, physical—are called the triple universe of the lower hemisphere. They have been established in the earth consciousness by evolution but they exist in themselves before the evolution, above the earth consciousness and the material plane to which the earth belongs." (Light on Yoga by Shri Aurobinda. page 25). From the stand point of *Saankhya*, when a *Vritti* sinks below the threshold of normal consciousness and continues as a sub-conscious or sub-liminal action it becomes a *sanskaara*. A *Smriti* or memory is thus coming up on the level of consciousness of a past presentation *Vritti* which has never ceased to exist.

Thus we have got some insight into the inner workings of mind, but we have to find out a complete but easily understandable synthesis of the whole thing. So we have to trace out the evolution of mind with all its different modifications. Here also we face difficulties due to difference of opinions as given by *Vedaanta*, *Saankhya*, *Baisheshika*, *Charak* and *Gita*. In this short space it is not possible to discuss fully the differences and arrive at a scientific conclusion. Therefore we shall follow the classification as given by the *Gita*, which is synthesis of *Saankhya* and *Vedaanta* and solves our purpose most scientifically.

Mental life does not consist of conscious process alone. Many states and operations of *Antahkarana* exist and go on in sub-liminal consciousness. It is to the dynamism of sub-liminal states that most of the inner workings of mind are responsible. The Western Cerebralist would explain the dynamism of memory and sub-liminal operations by cerebral modifications or cerebral motions. But cerebral modifications or motions, though they may be the physical counter-parts, are not the physical bases of those states and operations, since these can exist even when the *Antahkarana* becomes

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dissociated from the body. Modern Spiritualists claim that disembodied Spirits can put themselves into rapport with ourselves, and thus prove that they carry recollections of the life they lived as ordinary men on earth. We can not deny the existence of such thing as Telepathy, Clairvoyance and modern instances of psychic phenomena as are in evidence, that one can remember, whether spontaneously or through special voluntary effort, the incidents of one's previous births (*Jatismara*). How can this be possible if the brain be the physical basis of memory etc ? The dynamism of memory and sub-liminal processes in general will have therefore to be explained by the mechanism of the *Antahkarana* itself. Since *Antahkarana* (Mind), *Praana* (Vital), *Bhuta* (Physical), are co-essential with one another, the latter two have also mechanisms corresponding to *sanskaaras*. What are called Tendencies and Potential Energies of Matter may be called their *Sanskaaras*.

Now, in order to trace out the evolution of Mind we have to begin from a centre or nucleus or axis of operation, as in the nebular hypothesis, to explain the solar system, for example, we require either a centre of condensation or an axis of spiraline movement. Where to begin with ? We can only know the working process of Macrocosm by observation of the processes of Microcosm. The happenings in Microcosm is determined by the happenings in Macrocosm. In the *Gita* (*II—33*), *Shri Krishna* told *Arjuna* that *Kauravas* have already been killed by Him (in the Macrocosm) and so *Arjuna* had to be a causative agent only, to kill them (in Microcosm). Therefore by the observation of the limited mind (in *Pinde*) we can have some knowledge of the workings of the infinite Mind (in *Brahmaande*). Science has also reached the same conclusion. Bohr has suggested that the minutest phenomenas of nature do not admit of representation in the space time frame work at all. This leads us to believe that happenings outside the continum determine what we describe as 'course of events', inside the continum. All the above findings give us the idea that there is a Cosmic Mind outside the continum, which is infinite and massive and hence it is called *Mahat*.

Let us make an experiment with a limited human mind. What is the first experience of man when he awakes from a deep sleep ? (*Sushupti*).

In the stage of '*Sushupti*' a man has no knowing, no feeling, it may be called a stage of thoughtlessness. The first experience after awakening is the existance of I, which was absent so long. Then he can feel the movement of his hands the turning of his body and becomes convinced of his own existance—"I am". The next thought is "Where I am". It sometimes happens that a man after leaving, say, Chapra goes to Delhi. After his sleep on the first night at Delhi, he awakes in the morning and thinks that he is in Chapra. On opening his eyes he finds that he not in Chapra but in Delhi. This means that after realising his own existance, he established his relations with his surroundings or *Desha* and *Kaala*. The next thought is the object (*Bishaya*) of his comming to Delhi. Then he thinks

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about the work to be done (*Adhyabasaaya*) or the determination of the duties to perform, that is, whom to see, what to say, how to talk etc.. in order to fulfil the object of his desire. The last process of thinking is the *Sankalpa* and *Vikalpa*, that is decision after deliberation. Then the man begins to carry out his decisions one after the other as already planned. Let us classify this human experience systematically, so that any one can verify and find out the truth for himself.

The different stages as they appear are the following :—

1. A stage of thoughtlessness.
2. A consciousness of existance. 'I am' (*Aham* or *Svasvarupa*).
3. The thought 'Where I am' (Relation with *Desha* and *Kaala*).
4. The object of desire (*Bishaya*).
5. Plans for the fulfilment of desire. (Deliberation).
6. Decision after deliberation. (*Sankalpa* after *Vikalpa*.)
7. Action after decision.

If the happenings in the Microcosm follow those in the Microcosm, then the above stages in the limited sphere must be present in an unlimited sphere, So we have to begin from a stage of thought lessness, in the unlimited sphere or a thoughtless Infinite Being. But there is always a group who will deny this Being and will put a question 'Can you prove it ?' 'Can you show it ?' But seeing is not the only proof. We cannot see the ultra-violet light, the electrical rays that are comming from the radio station, but we are convinced of their existance. Let us find out then how many kinds of proof there are ? Proofs are of three kinds. (*Patanjal Yoga Shutra 7*).

1. *Pratyaksha*–Direct perception, by sense organs. Any one possessing sense organs can do it, therefore it is general experience.

2. *Anumaan*—To know by reasoning. We cannot see the ultra-violet rays or the electrical rays but by the observation of their reaction on other things we are convinced of their presence. Here we apply our reasoning power.

3. *Aagama* —Evidence of such reliable men who had direct realisation of the thing. This is also *Pratyaksha* not in a general sense, but in a particular sense. In the practical world we cannot know all things. So we sometimes take the advise of experts. As we do not know that particular subject we take the advise of the expert for granted. Here the critic may say that if any one tries to become an expert he can so become Our *Rishis* also not only realised what they said but have given methods for others to realise the same. So any one can become expert here too.

There is a cause for every thing we see before us. Science has established a Law of Causation. That is a cause has its effect and that effect becomes the cause of another effect and so on. If we follow this law then in the end we reach the First Cause. If

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we go on with the question of what is the cause of this and that and that then we can never reach an end. Therefore we have to stop this question somewhere and that is the First Cause. The evolution of Mind also begins with this First Cause. This First Cause is the thoughtless Being. A critic may question here. 'The First Cause may be accepted but where is the proof that this Being is the first cause ! Can we see this Being ?' Finite objects that are separate from us can be seen. There are many thing in this creation that we cannot see or perceive through our sense organs, but we are convinced of their existance. We can see a house from a distance but when we are within the house can we see the building ? When the Being is infinite and not finite ; when we are not outside and separate from it, rather we are in it, then how it is possible to see it ? We have analysed an act of seeing and we find that there are different factors separate from each other; but when the Being which is the first cause and as such it is the cause of light and therefore is present in the light, and as such is the cause of eye, it is in the eyes then how it is possible for the eyes to see and the light to illuminate the Being. Therefore, it is beyond the first proof (*Pratyaksha*). As this is not the only proof about the existance of a thing let us apply the second one. *Anumaan* or a process of reasoning. Reason says that there is a First Cause of this creation. All the development of science is in search of this cause. If we analyse piece of stone it comes to Calcium, Carbon and Oxygen. Similar analysis prove that this creation consists of about 92 elements. (Mechanical Theory). It was discovered afterwards that not only 92 elements but there are three kinds of energy, and all together build up the creation. At first it was believed that matter and energy are essentially different in nature. Now it is known that matter and energy are essentially one and one can be changed into the other. But does the creation consist of matter and energy only are there something more ? There is the presence of Life and Mind in this earth but science has not yet taken these things into consideration. Some say that life is a chemical activity and mind is the chemical by product of brain cells. Even if it is granted the pre-existance of mind is not ruled out. Zinc and Sulphuric Acid produce Hydrogen gas ($Zn+H_2SO_4=ZnSO_4+H_2$). Hydrogen must have been present in the chemicals or it could not have been liberated as such. So if Mind is the result of chemical action of the Brain cells then Mind must have been present in the Brain cells. Therefore this theory cannot rule out the pre-existance of Mind. There is every reason to believe that there is an intelligent Being behind this Universe. Therefore the Ultimate Being possesses a Mind. The stage of thoughtlessness of that Being presupposes the presence of Mind, which at that stage, is not functioning and therefore Thoughtless. The third proof, *Aagama*, corroborates it. The presence of fire in wood can neither be seen, nor felt, but by friction, it can be brought out. Similarly there are *Yogis* who by methods of training, and controlling the mind can have direct approach to *Aatmaa* (*Praiyaksha*). We cannot see the sugar in a syrup but the taste discloses the presence of sugar. The *Yogis* also not only feel

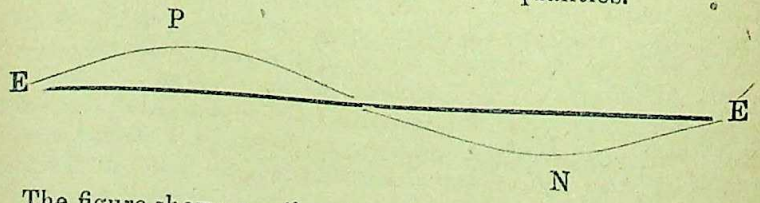
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the presence of *Aatmaa* but they see His presence everywhere. They have challenged that any one can, by this method of training, realise the *Aatmaa* and see and feel His Omnipresence. So long we are not able to do that *Saadhana* and reach that stage we have to trust the word of *Rishis* and *Yogis* as we trust in a expert. The *Yogis* have been able to reach a stage of thoughtlessness (*Samaadhi*) when they can indentify our limited *Jibatmaa* with the Eternal Being (*Aatmaa*) Therefore the first stage of the evolution is the presence of a Thoughtless Being. (Uncinciousness of Consciousness).

In the next stage a thought appears as a natural consequence of thoughtlessness. That thought is the thought of 1. He feels His own presence (*Svasvarupe sthiti*). 'I am'. This stage is the Eternal Mind or *Mahat*. In the *Gitaa* this stage is called *Chit* of stage of consciousness. In *Shakti-baada* it is called *Chit-Shakti*, or *Mayaa-Shakti*. The Eternal Being is all conscious and all powerful Being. Only in the first stage. He has not expressd His powers as in case of deep sleep, a man is inert and ignorant of everything but his faculities are there, only they are not active. In this stage the first thought appears or in other words Mind begins to function. This Eternal Mind is both substance and process at the same time, and therefore it is *Chit* and *Chit-Shakti* at the same time, It is Consciousness and Energy at the same time. It is Mind-substance and at the same time a process as the modifications of that substance. *Upanishad* saya *"Svabhabiki Gnaana Bala Kriyaa cha"*, in this stage He expresses his natural knowledge, power and action, which was sleeping within Him.

In the third stage begins the modification of this Mental substance, *"Soakaamayata aham bahu syam prajayaya"*. I shall become many and this establishes His relation between one and many. Here He differentiates between *Kaala* and *Desha*. He Is the One and He is the many. He is *kaala*—one and He is *desha*—many. It may be said that here the mental wave started. The Mental waves took so many different forms which appear before us as the creation. *Satapath Brahman* says *"Chhandaansi bai bisvarupani"*. The whole creation before us (*Yat bibhaati*) consist of rythm or waves. When the Mind became active, it started as waves and from that the idea of finite conception of *Desha* and *kaala* appeared. When the wave started it gave rise to three qualities.



The figure shows a vibrating string, of an instrument. The string before vibration was stationary and without any quality, but as soon as the vibration started the string began to move up and down and a sound was heard. We can say that the string was unconscious at first, after the movement it became conscious of

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its qualities. The string was at first in a state of equilibrium and when vibration started it began to move up and down. So we see that the string which had no quality while in a state of equilibrium developed three plases or *Gunas* (qualities) when it began to vibrate The *Gunas* are *Satva*, *Rajas*, *Tamas* or in other words (E) equilibrium phase(P) positive phase (N) negative phase.

In the fourth stage the thought became many, that is the Creative Thought of the Eternal Being took shape in different *Kalpanaas* (Object or *Bisaya*). Thought is one but objects of thought are many. Here I and Many are not separate but He knows that I am One and I am Many.

In the fifth stage the Mind is os-cillating. *Sankalpa* or selection presupposes a previous attitude of indecision indiscrimination or oscillation which is *Vikalpa*. This is a stage in which the Eternal Mind has a tendency towards individualisation and resolves to take a direction. It is merely a determination as such to change in a particular line, the line itself being undecided this is *Vikalpa*.

In the sixth stage the Eternal Mind takes a decison and the line of movement takes a definite direction.

In the seventh stage the action begins after the decision. The three lower stages Deliberation, Decision and Volition are, from this standpoint, are the ultimate basis of individualised will This has sometimes been described as the *Buddhi* of the Etetnal Being. It is thus the principal *Tattva*. It is the basis of all knowing, Feeling and Willing. Its special function is 'determination' which is the last in the cognitional, affectional and volitional process.

From this *Buddhi* issues *Ahankaara Tattva* or as *Patanjali* calls it *Asmitaa*, the function of which is *Abhimaana* or Self-arrogation. From the cosmic standpoint *Abhimaan* is the name of that stage of evolution in which *Prakriti* first individualises Herself. The Many now become individualised, separate from each othe and forget the relation with the Eternal Being. According to the nebular hypothesis the centre or axix is the begining of actual evolution of the cosmic dust or vapour into the system of heavenly bodies; similarly the individual Ego is the centre of condensation of the Cosmic evolution. But *Asmitaa* as the creative cosmic principle should not be identified with an individual Ego which is constituted of subsequently evolved principles in the form of sensorium and senses. It is the individualising principle in nature, the Cosmic Ego which unfolds itself into a multiplicity if individual Egos. The Cosmic Ego is the subtle state (*Sukshmaavastha*) ef all the manifold Egos, conscious or unconscious, whether in sentient beings or material things which make out world of experience.

From the individual *Ahankaara* or *Asmitaa* starts the 'I' of empirical consciousness. From *Ahankaara* issues a double stream of evolution namely *Manas* and *Indriyas* (lower mind and senses)

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on the one hand and the five *Tanmaatraas*, on the other, evolving in their turn gross sensible matter. As stated above there are differences of opinion about the sequence of evolution according to different schools of philosophy. Without entering into detail three tables are given here to show the differences between *Saankhya*, *Vedanta* and *Tantra*.

1. *Saankhya* Theory:—

Mahat
(Eternal Buddhi)
⋮
Ahankaara
⋮

Saatvic	*Raajasik*	*Taamasik*
⋮		⋮
1. *Manas*		5. *Tanmaatras*
10. *Indriyaas.*		5. *Bhutas*

2. *Vedaanta* Theory:—

Ahankaara
⋮

Saatvik	*Raajasik*	*Taamasik*
⋮	⋮	⋮
Chitta	5. *Praanas*	⋮
⋮		⋮
Buddhi	5. Motor organs	⋮
⋮		⋮
Manas		⋮
⋮		⋮
5. Sense organs.	5. *Tanmaatras.*	5. *Bhutas.*

3. *Tantra* Theory:— (*Sharadaa Tilaka 1--18*).

Ahankaara
⋮

Vaikaarika	*Taijasa*	*Bhautika*
⋮	⋮	⋮
11 *Devataas of Senses.*	*Manas & Indriyas.*	*Tanmaatra Pancha Bhutas.*

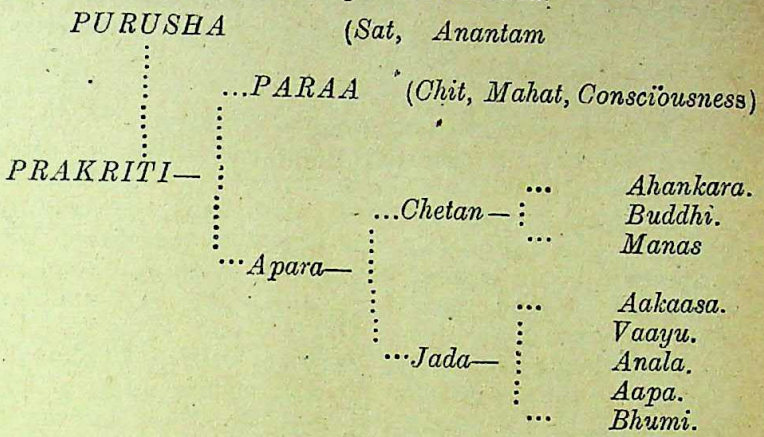
The difficulties that arose from these classifications are due to the division of *Ahankaara* into three *gunas*. The *Gita* has given us the best arrangement of the process of evolution. Charak has differed from *Saankhya* where it says that *Ahankaara* has evolved from *Mahattava* and *Manas* and *Indriya* (5 sense organs and 5 motor organs) from *Ahankaara*. Charak says that *Indriyas* are *Bhautic* or consist of matter, hence it cannot come out of *Ahankara* but it has come out of Panchbhuta. Now let us come to Gita, ch.7 5 & 5.

Bhumiraapoanala baayu kham mano buddhireba cha I
Ahankaraam itiiyam me bhinnaa prakritirastadha II
Apareyamitstanyamprakritim bidhi me paraam I
Jiibabhutam mahaabaaho yayedam dharyate jagat II

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Earth, Water, fire, air, space, *manas*, *buddhi*, *ahankara* are the eight natures of the Eternal Being, over and above this there is another nature which is greater than these and is called *Paraa-Prakriti*. The following table will give better idea.



PURUSHA:—It is just like the stage of *Shusupti*. Here there are no signs of any shape, quality and action. It is homogeneous, no *Vikriti* or change of one part from another. It is nothing.

PARAAKRITI:—Here the three qualities (*Satva, Rajas, Tamas*) appear. The question is, how it appeared ? *Upanishad* says that *Purusha* has (*Svabhaabiki Gnana, Bala, Kriyacha*) power of action and knowledge but they were asleep. After sleep comes the stage of awakening. Then the Eternal Mind begins functioning, and the three *Gunas* are unfolded.

Apara-Prakriti:—The three *Gunas* combine one with other and that combination grows to seven (*Sapta-Vyaahriti*). The are the seven layers of coverings round the *Biraat Sharira* when it is divided into many. These coverings now separate the part (Many) from the whole and each part becomes an individual and forgets its relation with the Eternal. This is *ahankaara*. Further coverings of relativity or *Maayaa*, transforms *Akankaara* to *Buddhi* and *Buddhi*, to *Manas*. By further condensation this *Manas* (as it were) becomes *Tanmaatra*. It is therefore that *Manas* receives *Tanmaatra* only. *Tanmaatras* are also called *Shukshma-Panchamahabhuta*. By *panchikarana* or combination of *Shukshma-Bhutas* in different proportions that the *panch-sthula Bhutas* appear.

We have now been able to know the origin of Mind or *Antakkarana* (*Manas, Buddhi*, and *Ahankaara*). How the Eternal Mind has divided into many and started the relative comparison or *Maayaa*, and by increasing this covering, or by condensation, becoming more *Sthula*. It has taken first mental forms and then material forms. Therefore the origin of Mind and Matter is one. The Science also says that all the different elements are composed of particles called Electron and Proton. It is by changing the number and the arrangement of these two things that so many

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different kinds of elements—Hydrogen, Oxygen, Gold, Iron, Copper etc., are made. Therefore science too is leading us to One that is the cause of all the varities that we experience. So the first or the ultimate cause is unity (One). Therefore the cause of Mind and Matter is One. Mind and Matter are not essentially different but they are one in nature and therefore the interactions between Mind and Body is inevitable.

We now come to pur original question. What is Mind? It will be better if we put the word *Ahankaara* in place of Mind. *Ahankaara* is the individualised portion of the Eternal *Mahat* or *Chit* or Conciousness. Is Mind and body one and the same or different ? Mind and Body are in nature the same. Which is first to appear ? Mind is first to appear. The electrons and protons, which are *Suksma* (fine) have combined to form elements and compounds which are *sthula.* Oxygen and Hydrogen are very fine but when they combine they become water (*Sthula*). So *Sukshmas* combine to become *Sthula.* Mind being the finest of all, even fine than atoms, is the beginning therefore Mind appeared first and then the body. We have already proved that mind is not the chemical byproduct of brain cells. Mind is a kind of energy no doubt because it has actions, but is not the kind of energy we know, that is, heat, light and electricity. Space is finer than energy (heat, light, electricity) and Mind is finer than space, as space comes after Mind. We find that the *Gitaa* has given us the best classification of the stages of evolution from the First Cause to the material creation.

We have come to a conclusion, after the searches and discussions of all the various theories, but this should be varified by applying it to the findings of modern psychologists and that of the *Rajayoga* school, and if it can give satisfactory explanation to those findings when we can say that our theory is correct.

(To be continued).

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Marvels of Ayurveda

By

VAIDYA-RAJ SEWAK G. L. KOHLI, B. A.

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Marvellous Century

We live in a marvellous century of invention and discovery, far greater than all other centuries of history put together. New lands have been discovered and more and more and quicker and quicker means of transporation and communication have been arranged to reach them. New diseases are appearing and new cures for them are being experimented. New pests are coming to light and new schemes to overcome them are being implemented. There is greater population and more productive and efficient ways of supplying their needs. There is more hunger for knowledge and better methods of imparting it. There is more culture and a thousand fresh ways to satisfy it.

Present Day Civilization

Civilization today has come to mean SPEED, EXCITEMENT and RESTLESSNESS. The tension under which our life today exists, the tempo with which our civilization is advancing, and the struggle not only to maintain our position in life, but to advance further force every one of us to exert the utmost energy for the accomplishment of our aims. Obiviously this means undue strain on our nerves, brain and the whole organism of our body. On the other hand the present century requires healthy man who can courageously fight the battle of life, and healthy women who bring strong and healthy children into the world, and build up a race which is capable of overcoming the needs of these strenuous times.

Life & Medicine

Life is indeed a voyage to the shrine of Godhood, and man is to be assisted on this onward march by the Medical Science. Medical Sciences are needed to explain the working of the machinery of human organism and show us the way to Health and Vitality. Ayurveda has threefold tasks to perform :—

(a) Firstly to heal diseases and enable the continuance of life possible.

(b) To protect body against the diseases that surround the path of life.

(c) The third and the greatest task of medicinal Science is to solve the riddle of old age. Preservation of youth is the aim. Rejuvenation treatment explained in Ayurveda is an attempt to achieve this objective. This treatment

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can cover the whole range of human ailments irrespective of age or sex.

Marvels of Aurveda

The following subjects taught by the old *Rishis* of Ayurveda are really marvellous and have from times immemorial established superiority of this Science over all other branches of medicine :—

(a) Studies in *Kaya Kalpa*—Rejuvenation Process.

(b) *Naddi Prikisha*—Reading diseases thruogh pulse.

(c) Doctorines of *Tridosha, Maahabhotas, Kas, Vipaka, Veerya* and *Prabhava, Shad Rasas, Shad Padurtahas, Stava, Rajas & Tama Guna* ect.

(d) Finding of incurability or otherwise or diseases through *Til Oil* examination.

(e) Diagnosing of diseases through facial or eye expressions, odours and sounds etc.

Kaya Kalpa

The Sanskrit word "KAYA" means body and "KALPA" stands for transformation. Rejuvenation of the Human Body—is described in Ayurveda as "that form of treatment which restores the aged and debilitated body to its pristine youth and vigour, and re-establishes the full potentialities of the senses consistant with the happiness of an unimpaired health." Charaka says "In ancient India—Chyavana and other sages, when broken and debilitated with old age had renewed vigour of life and lived numberless years by treating their *Kaya* through *Rasayanas*."

The world's attention today is centered on the question of rejuvenation. Scientists are seeking for the Elixir of Life which should produce vigour and youth in the old and rusty organism and conquer the dread of DEATH. Researches are being made on the Art of Adding new Life to years and new years to life. Medical men are busy combating against decay and disease.

Objects of Kaya Kalpa

(i) The object of *Kaya Kalpa* consists in restoring the natural balance to *Vata Pitta* and *Kapha* and re-normalizing the functions of *Saptadhatus* Shri *Anand Swamijee*, the premier rejuvenation expert says "Kaya Kalpa aims at Adding new life to years and new years to life'."

(ii) Through rejuvenation process we can cure old ages which is the worst of all ailments. It makes us 8 to 10 years younger for all purposes. Fatal diseases such as chronic diabetes, complicated cases of blood presure, asthma, severe heart troules, fistula, retinal detatchments, stones and tuberculosis (all stages) and many others are cured without surgical operations.

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Forms of Kalpa Treasment

(a) KUTI PRAVAESHIK KALPA: is the sealed cell treatment. Bharat Bhushan Pandit Madan Mohan Malviya, founder of Banares Hindu University took his Kalpa in 1938 at ALLAHABAD. This system is extremely elaborate, expensive and really strenuous. All the time, one remains cut off from friends and society and the normal round of life, shave, bath and the very touch of cold water is strictly prohibited. Black cow's milk is the only diet. This is the safest method of attaining complete rejuvenation.

(b) SOM LATA KALPA: is the rejuvenation process in which the patient becomes unconcious and for days and weeks together he lies dead to the world—thirst, appetite exertions, movements and life signs disappearing—body swelling every minute, and at last, the whole thing bursts open, pus and worms falling out as if in a leper, the skin peels off, and absolutely a new youth comes back to consciousness. This process is most difficult, delicate and drastic.

(c) AJA KALPA: is rejuvenation through Goats' Milk. It is the simplest form of Kalpa and works remarkably as a curative Special medicines prescribed and adjusted according to constitution and diseases of the patient are given to a black goat. The goat should yield 3 to 4 pounds, which all be taken by the patient. Salt, chillies, Tea and coffea are forbidden. This Kalpa is definite cure for diabetes, dyspepsia, asthama, rheumatism and debility. Wrinkles disappear and hair turn black. H. H. Maharaja Sir TUKOJI RAO HOLKAR of INDORE and many others took this Kalpa and was immensely benefitted. Mahatma GANDHI'S secret of living on Goats' milk had intimate relation with this Kalpa.

Every Man's Kalpa : is the cheapest rejuvenation process which any person with limited means can afford. Remedies suited to the ailments are to be taken both morning and evening with boiled milk. This Kalpa is the latest discovery of the Twentieth Century and can defy all types of diseases: Examples of this Kalpa are :—

(a) Pure Cow's Ghee taken in Cow's milk every winter morning for a couple of months year after year consume old age.

(b) One Terminallia Chebula (*big harar*) taken in the morning keep us away from all diseases and decay.

(c) Leaves of Holi Basil (*Tulsi*) taken every morning keep men, women, children away from many diseases.

Anand Kalpa : Many Pandits have discovered various Kalpas for curing Deafness, Leucoderma. Baldness and Epilepsy and tried over hundreds of Chiefs, Princes, Financial Magnates and respectable families in INDIA and CEYLON For the uplift of Ayurveda it is imperative that further researches

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should be made so that definite cures for impossible ailments could similarly be discovered. Some of the interesting discoveries are:—

(a) **Bohi Kalpa:** This Kalpa reclaims lost memory. This Kalpa is a boon for all brain workers like students, scholars, Professors, and solicitors. No *Panch Karma* is necessary. Bodhi Kalpa is very easy and can be taken over every day for 4 days or more. Oil, chillies, sour things, ice, tea etc. are avoided.

(b) **Kesh Kalpa:** This Kalpa turns grey hair black. Soap and oil are for external use and a few doses for internal use. The medicine taken in causes vomiting hence should be taken under an experinced supervision only. There are no *Panch Karma* or food restrictions.

Essentials of Kaya Kalpa

Kaya Kalpa should be conducted under the experrt guidance of very competent Vaidyas. Ayurvedic Practitioners should be full of compassion and give the treatment FREE. Charka says "Physicians who practice Ayurveda for making a living only give up the heap of gold and run after the heap of dust."

Preliminary Purifications

Imortance of "preliminary purification can never be exaggerated. It is really the life long accumulation of various poisons in the systems that causes decade, oldage and ultimately death. Tridoshas affect body as follows:—

(a) When *vata* is predominant, all that is taken in turns into vayu (wind) causing fatness, dryness, High blood pressure and numerous other difficult ailments.

(b) In predominance of Kapha (phlegm) much of the food is converted into phlegm and may cause Asthma, Bronchitis ete.

(c) Where Pitta is too strong, it may cause Low blood pressure, Acidity, heart burning, piles etc. *Pitta* ripens the hair and turns them grey.

In order to claim restoration of youth and vitality weeding out of foreign matters from the body is unavoidable. No medicine taken even for years, can make the systems FREE from disintegration. *Shastras* lay a very great stress on *Panch Karma*. *Panch Karma* is recommended to be taken leisurely for the thorough cleansing of the systems, since you can always dye a stainless, white, unsolid cloth better.

———

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TRACHOMA*

I have selected to speak on *Trachoma* on account of its following importance:—

1. It stands second to none as a source of human suffering and national economic loss.

2. Recent treatment has advanced so much that great relief can be rendered to suffering humanity.

Defination:— Trachoma is a chronic contagious disease of conjunctiva and cornea characterised by formation of Granules and Pannus on them respectively. The disease has natural termination involving potential visual disabilities and gross deformities.

Historical:— In India Trochoma was known to Susruta as *Arsovartma* in the pre-historic days. He used to treat it with a cooper sulphate besides other drugs. This has been the sheet anchor of treatment in the present day medical science till the year 1947 when a antibiotics namely sulphonamides and Penicillin replace that on account of their beeing free from Caustic effects and more effectivness in contradiction to the results of Copper sulphate application. The Trachoma was known to Egyption in the 10th Century B. C. and to Greece 5th Century B. C. Europeans knew it during the Napolianic War in Egypt 1798-99 when a French army of 32,000 fell a victim to it. And as a matter of Scientific Investigations of its causition was started following that occurrance.

Endemiology:— The disease prevails in all the parts of the World varying in intensity last in Switzerland and most in the Egypt.

Aetiology:— Susruta thought that *Trachoma* was due to *Tridosha*. Negochi in the year 1928 isolated bacillous granulosos from Trachoma cases but it was found that this was not the cause of Trachoma. Modern view is that the disease is the result of virus infection.

Pathology:— There is chronic inflamation of all superficial tissues viz. Mucus and sub-mucus characterised by papillary hypertrophy of the former and lymphoid follicle formation in the letter subsequently followed by fibrosis and sacrification resulting in complications of sequale of entropion trichiasis symplephemon and corneal ulcer inflate untreated of improperly treated cases.

Clinical picture:— Incubation period is 5 to 12 days. The onset is usually chronic though acute cases occur farely. The course of the chronic disease has been divided into four stages:—

(i) Early stage of infilteration.

*Copy of lecture delivered by Dr. Bhagwan Pd. Srivastava M.B.B.S., (Pat) D.O.M.S. (Lond) D.O., (Oxon) a general meeting of Indian Medical Association, Ranchi Branch on 3.9.50.

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(ii) Stage of active inflamation with definite trachoma. Granule formation in the Palpeberal Conjunctiva and pannus in the cornea.

(iii) Stage of Fibrous tissues invasion.

(iv) Stage of scarring and consequent complications. Acute symptoms supervene in the chronic disease when secondary organisms super impose themselves.

Symptoms:— Acute:— Pain, photophobia and lacrimation. Objective signs— Oedema of the upper lid ptosis Velvetty papillary conditions of the Palpebral which is generally injected.

Chronic—Symptoms—may be light redness of the eyes feeling of greetiness or itching, there may be watering of the eye also.

Objective singns in the second stage—may be presence of granules and pannus.—In the 3rd and 4th stage evidence of fibrosis namely entropion and triachiasis may be present besides the signs of 2nd stage.

Course and Prognosis:— Is varied and depends on the stage of the disease and the kind of treatment employed before and after, besides the social status and havitat of the patient. The small Prognosis is good with recent treatment wity Sulphanomide and Penicilin if the patient presents himself early without the application of Caustic before.

Diagnosis:— In the first stage is possible with slit lamp by microscopy. The earliest cases that come to doctors here for treatment are the 2nd stage or past that. The diagnosis is based on the presence of Granules and the Palpebral conjunctiva and pannus on the cornea. In early doubtful cases examination of Epithelial scrapings will show characteristics degnerative changes expoliation and proliferation and presence of cellular inclusion bodies.

Differential diagnosis:— It has to be differenciated from chronic Folliculosis characterised by soft Granules more marked in conjunctiva mainly of the lower lid. The Grenules are disposed in rosex specially more in the forenix. The bulbar conjunctiva is never affected. It is easy to differintiate trachoma from spring catarrah by characteristics flat milky Granules of the latter. It has to be differintiated from Follecular conjunctivitis and Grenular type of Syphlitic Conjunctiva.

Treatment:— General—Susruta advised good for improvement of health. That holds good even now. We prescribe vitamin and A and B (Ricoflavine) in addition.

Local Treatment (Medical) has already been mentioned before.

Surgical treatment:— Susruta advised *Lekhana* or *Chedana* (Incisions and expression) of Granules by his instrument *Vridhi-*

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mukha Shastra— The complication of Trichisis used to be relieved by Epilation forceps called *Pakshmakopa Samdansa* which holds good even now.

Modern treatment:—As the virus of Trachoma is sensitlve to Sulphanamide and Penicillin the treatment may be carried out as detailed below:—

(Soresby)— Two tablets of Thiazamide with Sodicitras and Pelonine may be given six hourly for 3 days. On the 3rd day the Granules should be expressed with knaps roller forceps under local anathesis and 30% of some soluable salt of Thizamide or Sulphonamide applied. Thizamide 2 tablets 3 times daily should be continued for 2 days more and stopped. The previous 30% lotion or 6% to 10% ointment may be continued for a fortnight. Usually this completes the treatment.

200 cases of Trachoma were treated by me out of which 100 belong to the early 2nd stage and 50 advanced 2nd stage and the remainder to early 3rd stage.

One course of treatment cured the conditions in 95%. In 5 advanced 2nd stage cases it record and the treatment had to be repeated for a cure.

Mahasammelan News

Short summaries of the statements on the issues of B.C.G. Vaccination, Ayurvedic education, etc: made by Vadyaratna Pandit Shiv Sharma at a meeting of the Health panel of the Planning Commission, held at New Delhi on the 14th April, 1951, drawn up for fuller considration of the subjects by the member of the panel.

1. B. C. G. Vaccination.

Dr. P. V. Benjamin said that the objection by Pandit Shiv Sharma to introduction of B. C. G. Vaccine in India, appeared to be due to the objections not having read the first paragraph of his (Dr. Benjamin) note on B. C. G.

He was informed that it was precisely the reading of his first paragraph which was responsible for the objection being raised. The relevant lines of the said paragraph read :

"Accumulated experience in many countries covering a period of 20 years shows that this is an effective and safe preventive measure."

This constituted Dr. Benjamin's argument in toto. As against this, Dr. W. H. Bradley, Senior Medical Officer, Ministry of Health, England, says, "That prophylactic use of B. C. G. is still a contro-

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versial question, and after *twenty years* of trial has left the medical profession in a state of confusion as regards its efficacy." Medical Annual, 1948.

It was pointed out to Dr. Benjamin that even if he had his period of 0 years to 21 years or even 20 years and some months or omitted the period altogether, in his first paragraph, it would not have raised the doubts it did by just contradicting the English authority on identical period of time.

Apart from this, the well known American authority, Beckman, has opposed the use of B. C. G. for some very sound reasons. He writes :—

"Another favourable American study was that of Rosenthal (1945), in Chicago. But the very careful and reasonably large scale study of Levine and Sckett (1946) in New York City, did not reveal that B. C. G. Vaccination is an efficacious method of reducing tuberculosis mortality of children in a tuberculous environment. Since the aim of B. C. G. vaccination is to convert a non-tuberculin reactor to a reactor, it seems to me that the advocates of this procedure rush in to induce in early infancy or in other tuberculin negative individuals the same state of allergy which it has been the object of our utmost endeavour in this country in recent decades to prevent, I am aware of the argument that infection with this attenuated B. C. G. organism may be of a different sort than primary infection with the virulent human bacillus, but it is difficult to put out of one's mind the fact that those who have had the highest incindance of naturally it is desirable that further study of B. C. G. be made here in the United States under as carefully controlled conditions as possible in selected groups, but we should certainly not allow ourselves to be carried away by enthusiasm for a measure the value of which is apparently far from proved.

Beckman further remarks, "It seems to me very significant that in a conference, reported in early 1847 held under the auspices of the Tuberculosis Control Division of the United State Public Health Service and attended by many of the leading figures in tuberculosis investigation in the world, it was recommended that studies be carried on in the United States" in order to determine the effectiveness of this vaccine in the control of tuberculosis. "It was also recommended at this conference that the vaccine not be furnished to general practitioner for use on individual patients at this time. Valid statistical proofs of long time benefits from this procedure are not yet available." Pp. 262, 263. Treatment in General practice : Harry Becjman. M. D., W. D. Saunders Company, Philadelphia and London 1948.

It was also pointed out that in a tropical climate and with such starvation conditions as had been existing now existed and were bound to exist for some time to come, in India, the risk of experimenting with drugs of such unquestionably doubtful value carried a much greater danger with it than it did among better fed people living in better climate.

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2. Anti Malarial Drugs.

The convenor of the anti malarial work committee had remarked that quinine, although perhaps not an effective prophylactic against malaria, still remained a very effective therapeutic agent against it. He was referred to the following passage for what it was worth :—

"What appears to be quite clear is that no single drug, given alone, is satisfactory for the cure of the established P. vivex malaria.....but combinations of drugs have undoubtedly given excellent results.....There is now no justification for using quinine alone in the treatment of malaria. It has little or no effect in preventing relapses." *Recent Advances in Pharmacology :* Robson and Keele : J & A Churchill, Ltd., London : 1950

3. Education of Students of Ayurveda.

It is a matter of history that in 1938 it was brought to the notice of the sponsors of the Government "Ayurvedic" Colleges that the curriculum as designed by them would fail to produce Ayurvedic physicians of merit. Before a decade was over the sponsors themselves veered round to our view and have for some time been condemning their produce more vehemently that we have been doing.

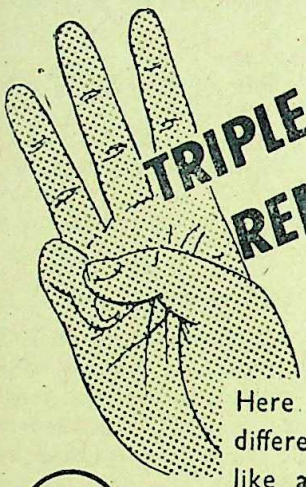
Now the new stand taken by the Health Department of the Government of India that the minimum basic qualifications of a physician in India shall not be less than those of an M. B. B. S. even for the students of Ayurveda, is as much diverted from reality as the mistake of 1938. A full course of Ayurveda itself shall not take less than 5 years if the intention to raise the standards is not to be restricated to allopathy. It is inconceivable that an Ayurvedic student shall be able to do justice to both the courses in less than 9 years basic course for the Ayurvedic students shall be an uncalled for monstrosity and no applicants shall be forthcoming to join such institutions. Unless the scheme is actually calculated to close the Ayurvedic colleges in the near future on the plea of their failure to attract applicants, it has, most obviously, not the remotest chance of succeeding in attaining its ostensible objective, namely, the creation of efficient Ayurvedic physicians. This hypertrophied period of basic study can be reduced only by curtailing a portion of either the Ayurvedic or the M. B. B. S. course. If they have to be good vaidyas the axe must fall on the latter. This shall mean abandoning the stand on full M. B. B. S. standard as the basic training for the vaidyas.

4. The Question of Synthesis.

The question of co-ordination and synthesis was fully discussed by the Chopra Committee. The arguments in favour there of were very cogant and the suggestions thereon most practical. But the method adopted by the Central Health Department to meet those arguments was unfair in the extreme. Two steps were taken to suppress those arguments. One was to issue a circular through

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the Surgeon General summarily dismissing the subject on the grounds of a government employee *thinking* differently. Therefore the entire case for the synthesis drawn up by experts after all that expense of time. energy and intellect, was reduced to mere difference of opinion, and, as such, did not require being considered to understood.

The second step, after this blanketing and blacking out the subject of synthesis, and virtually shelving the Chopra Committee report, was the hurried creation of a supercessive committee, the Pandit Committee, with narrow terms of reference pinning down the committee to an automatic rejection of the subject of co-ordination of knowledge.

It was stressed before the meeting that no modern scientific theory ran counter to the Ayurvedic methods of treatment and that all people who were legitimately entitled to speak with authority held the same view. The members were requested to mention any modern therapeutic measure which ran counter to accepted theories of Ayurveda, and it was exokaubed that the most recent clinical advances could easily become part and parcel of the Ayurvedic texts without converting them into an incongruous conglomeration of contradictory material.

5. The Committee's.

It was pointed out that the Chopra Committee, although intended to work primarily on Indian Medicine consisted of personnel, of six allopaths, three Hakims and no vaidyas. This anomaly, unprecedented in the annals of committee making, was sought to be removed at a late stage, by co-opting a certainly learned and popular vaidyaraj, but they saw to it that he was totally ignorant of the language in which the report was to be written. This is not intended to censure the work done by the Chopra Committee. They made as good and able a job of it as they could, under the circumstances. A considerable portion of it was acceptable to the vaidyas. The report was hardly current when a slashing criticism of it was circulated and the formation of a new committee, the Pandit committee, announced, by the Health Department. It has been already stated that this new body suffered from having to make a start on pre-accepted premises. The result was the prescription of a ponderous and impracticable curriculum which required the Ayurvedic students to first undergo a full medical course (more or less), as a preliminary to training in Ayurveda. It did not require any exceptional understanding to see that such a course could never lead to the attainment of the goal it professed to strive for'

A small committee should in a very short time draw up a more practicable and from the Ayurvedic point of view, a truly representative course which could also meet the reasonable demands of the pro-allopathic group, without wrecking the chances of the student attaining truly high proffiiciency in Ayurveda. The output of work done by a committee is usually in inverse ratio to

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the number of its personnel and the American senator was not wrong when he said that in order to be efficient a committee should consist of not more than three members one of whom should be absent and another ill.

Note :—The Hon'ble Health Minister and certain other members differed with the above view. After some discussion Shri G. L. Nanda, the Deputy Chairman of the Planning Commission laid down a principle that the student of Ayurveda was to be an efficient vaidya first and foremost whatever his additional training might be. The curriculum should be subordinated to this principle. As no one rose to controvert Shri G.L. Nanda's statement next question on the agenda was taken up.

6. The Reference to Madras Graduates.

A lady doctor from Madras gave an instance of a graduate of an Ayurvedic College whose answers to her questions showed that training in gynaecology in that institution was poor.

She was referred to certain departmental medical examinations held by the Madras Government on competitive basis, in which the M. B. B. S. and the Ayurvedic graduates had jointly appeared and in certain cases the latter had eliminated the former. Most probably the result indicated more the efficiency of the training imparted to them by their eminant teacher, Capt. G. Srinivisa Murty rather than that of the curriculum of studies. But these comparisons were as odious as quoting of solitary cases who may be inefficient not because of, but inspite of, the training received by them.

7. Vested Interests.

It was made clear that it was wrong to say that we, the vaidyas had any vested interests in demanding a turn-out of truly representative vaidyas. It should be easy to understand that the less capable they are the lesser will be the competition offered by them to the older lot. The fact that the latter were in much greater demand only proved that although the Government, through legislation, had succeeded in the destruction of the *Guru Shishya Parampara* system, it had failed, where legistaltion could not reach, i.e. in the field of physicians skill and the public choice, to produce the vaidyas of the same stature through its pet system as the former system was doing. The demand for the production of a higher class of vaidyas, therefore, entails an element of attack on our own future monopoly of Ayurvedic practice which the Government had built up for us by eliminating efficient competition against us.

———

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"Tapaswi" Dr. Paranjpe

Late "Tapaswi" Baba Sahib Dr. Paranjpe—who breathed his last on the 19th May 1951 at 7-10 A. M. at Patna where he was staying as guest of the Bihar Governor Mr. Aney—who was an old colleague of Lokmanya Tilak and was a foremost worker of the Berar. He was a staunch supporter of the Avurveda.

Born in Poona on the 23rd February 1874, he got his early education at Yeotmal and from there went to Hydrabad to join the Medical School on a scholarship from the state. He settled in Yeotmal and had lucrative practice. He was very much influenced by the writings of the Lokmanya in the "Kesari" and he, atonce, resolved to dedicate his whole life to the cause of the national service.

From the year 1905 he began to take part in active politics within his province Berar entered into a new era. He was the leader of various activities of the "Swarajya" movement and established a National School at Yeotmal and started a weekly "Hari Kishore" for propaganda work. After sometime, the beauro-cratic Government stopped this school and organ by its arbitory orders. When Lokmanya Tilak was sentenced for 6 years in 1908 & was imprisoned in Mandalay Jail, the doctor always used to bear black badge on his arm and it was removed only after Lokmanya's release.

During the Home Rule agitation days he was an active worker of the movement and was arrested in Yeotmal and was awarded 15 months rigorus imprisonment. He continued his political activities even after his release from there.

Now, he focussed his attention on the Gram Punchayat and Ayurveda. To propagate his views on both the subjects, he started a weekly "Gramini" and took extensive turns all over the country.

To revive the Ayurveda, Baba Sahib did sterneous work. His selfless services towards this cannot be exaggerated. In the later part of his life, he devoted almost whole of his time towards this. To get the Ayurveda recognised by the Government. Baba Sahib did the Yeoman's service.

Dr. Paranjpe's greatest service in the field of the Ayurveda is his presentation of the "Tridosha" theory in a most rational and scientific manner which brought deep appreciation and admiration from near and far quarters of country including a number of prominent alopaths.

On the invitation of the Health Minister, Baba Sahib was in Bihar and he was pleased to see that the State Assembly has passed an Act to help the indigenous medical system. The Select Committee had specially requested him to advise it regarding this bill and of late, he was in Patna for this purpose.

Baba Sahib' s followers and admirers truly used to call him as "Tapaswi" because for last 40 years he was incessantly devoting his whole time and energy towards the service of the Motherland and the Ayurveda.

Let Dr. Pranjpe's ideals prompt us for selfless service and solid work.

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This year the subject has been fixed as "*Shaareera Kriyaa Vigyaan* (Physiology). The size of the said book should be about 500 foolscape typed pages. Necessary illustrations are desired to be included. This year the competitors shall have to submit four copies printed or MSS of the above book to the following address by 1952 Basant Panchami Day. The decisson of the three members of the Academic Council of the Institute shall be final.

Ashutosh Majumdar
Secretary
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BY THE GENERAL PRACTITIONER

Dedicated to the Service of Physicians throughout the World

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मृत्योर्माऽमृतं गमय
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THE JOURNAL OF AYURVEDA

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EDITORIAL

Health Planning

II

The report of the Planning Commission, which is to include plans for the health of the people of the country, is not yet published. It is, therefore, impossible to say anything about it. We, here, intend to give the general outlines of the plan that an Ayurvedist would suggest.

The very outlook of an Ayurvedist is different from that of a western scientist. It is no matter of wonder, therefore, to see that the plan by an Ayurvedist differs from that of an allopath. Science of Ayurveda differs from Allopathy in the emphasis that it gives to the body of man, rather than to the disease. The whole of the present trend of Allopathy is in killing the germs, which are considered to be the cause of diseases. Ayurveda, on the other hand, lays considerable stress on the condition of the body, the soil, where the seed of the disease, i. e. the germ is to grow. Ayurveda is the science of life and, thus, an Ayurvedist, has to look to the upkeep of the living body, as a first priority.

While planning for the health of the people, the body of a man has to be considered as the most important factor in the plans. The environments and the place in which a person ia living are also important for the maintenance of health, yet they form a second priority to the person living.

It must not be understood from it that Ayurveda does not attatch sufficient importance to the sanitary conditions and improvement in the houses, streets, roads, drains, etc. Nor it should be understood that the science of Ayurveda is not aware of the infection and contagious diseases, which spread through germs and insects. By first priority to the person and second to the eavironments, we mean that cleanliness and improvement of the environ-

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ments and the place in which a man is living, cannot be carried to an extent, at which it becomes harmful for life. While killing the germs of diseases we have not to ignore the living tissues of the body. The life in the body is not to be killed along with or before the germs.

Thus we come to the fundamental difference between Ayurveda and Allopathy. The whole trend of Allopathy is to deal with the germs rather than with the body, in which they are supposed to play the mischief. Stronger and stronger poisons are being manufactured every day to kill germs of various diseases, with the result that the man is also being killed, though slowly, by these poisons. Abnormal increase in mental nervine and heart diseases is the direct outcome of the poisons that the Allopaths are injecting in man every day.

Such germ killing agencies that have got salutary effect on the human system, should only be used. Suns rays and fresh air are the best among them. Most of the antiseptics that are being used widely, have adverse effect on the Human system. They should all be eliminated.

In this way we come to the conclusion that the health problem of the country must not be dealt within the Allopathic methods, i. e. by importing or manufacturing enormous amounts of antiseptics. The best way to tackle the problem is to strengthen the body so that the germs may fail to effect it, secondly to use natural antiseptics like Sun's rays and fresh air. Ayurveda has got a complete plan for both the above things.

The first object of the Health Planning is to resist diseases in man's body. In this respect the allopathic science and other modern sciences are still groping in the dark. They have not yet found out the exact state of the body, which can successfully resist the onslaught of, so to say, the germs of diseases. To know the way by which that state of the body can be brought about and can be maintained, is still further away from the domain of their knowledge.

Ayurveda is quite clear and explicit about the state of the body, in which it can resist the attack of the disease germs. Ayurveda also gives specific instructions by which a person can maintain disease resisting state of the body.

Three *doshas* in a balanced state keep the body healthy and in an unbalanced state kill the body.

वायु: पित्तं कफश्चेति त्रयो दोषा : समासतः
विकृता ऽ विकृता देहं घ्नन्ति ते वर्त्तयन्ति च ।

The three *doshas* are *'Vata, Pitta and Kapha'*. This is no place to describe them. We are concerned, here, with the methods, by which they can be kept in balance. For this Ayurveda has described *Ritu Charya* and *Din Charya*. Regulation of life from morning to

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evening and from month to month throughout the year, has been described in full details. Thus, the thing to be planned is how to induce people to follow the *Din Charya* and *Ritu Charya* ; as described in Ayurveda.

For this purpose the following few points are worth noting.

(1) Regulating the timing of schools, colleges and offices.

(2) Fixing the times of business and shopping.

(3) Regulating the times of working in workshops and factories and other labour engaging concerns.

The purpose of this regulating of times is to make people get up in *Brahma Mahurta* and to take their meals at proper times.

(4) People be tempted to take daily bath, daily exercise, and wholesome food.

(5) Eatables undesirable to be consumed in a particular season in a particular age and at a particular time of the day be banned to be sold.

(6) Inculcating the habit of having healthy recreation by the people.

(7) Unhealthy Cinema shows and other such recreations must be banned.

This list is not exhaustive, yet it gives a clue to the items for planning by which the general health standard of the people can be raised.

An Ayurvedist would prefer to have plans for this, without any delay. For this a joint consulting committee of educationists, labour organisers, Ayurveda pandits, food planners and others concerned with the above mentioned things, have to be called.

Next in importance to the above programme, is the plan for other preventive measures. No amount of cleaning or disinfecting will be of any use, if the body has not the requisite resistive power to diseases.

We shall deal with these preventive measures, through the pages of the journal from time to time.

———

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Synthetic System of Medicine and Ophthalmology

By

DR. R. S. AGARWAL, *15 Daryaganj, Delhi.*

In Charaka and Sushruta Samhita the spirit of Ayurveda is so large, profound and universal that any system of medicine can be included in the fold of its principles. Charaka himself suggests that there is a wider scope to develop the science and the art of Indian medicine and any new discovery of the future will be included in Ayurveda. It is the fundamental truths that has kept Ayurvedic science alive in spite of its downfall. It is our duty to develop a new and larger synthesis based on all the known systems of medicine. We will take full account of potent revelations of modern knowledge and combine them with the luminous secrets of ancient medicine which seems to be dead. This combination will lead us to a new, a very rich, a very vast synthesis.

Each system of medicine is one aspect of the One Healing Power, hence an individual system is a partial truth. Each individual system was discovered at a particular age and climate and under certain conditions. As the man evolved in his consciousness, his faculties of discoveries also developed. Each system gives benefit to the patients in varying degree; but they all suffer from certain limitations. It will be the purpose of this paper to explain the philosophy on which each system is based and point out the strong points which can be picked up and synthetised in one place so that the physicians' knowledge may be greatly improved. Here I shall give only the broad outlines on which the new synthetic system will be based:

Philosophy of the Healing Science.— The man is a complex being composed of the physical body, vital part or life force and the mind. These three constitute life and are the instruments of the Soul for the expression of the infinite activities. Through the mind he feels, thinks and wills, through the vital he execute his thought and will, through the body he expresses the execution of the thought and will. For a healthy body, a harmony amongst the mind, vital and body is necessary.

Disturbances of the body are mostly due to overstrain, by over eating or defective elimination or not giving it enough rest or letting out its energy by desires and passions of lower nature. Illness is often due to disharmony in the body, vital and mind. Most of the illnesses pass through the subtle parts of the human being before they enter the physical body. If one is conscious of the subtal force residing amongst his body, one can stop an illness on its way, or if there is sufficient resistence in the man the illness may not affect him. So long this subtle force is not there, some aid of physical mean is necessary. Medicines are an aid, and they have to be used either to eliminate the toxic matter or to stimulate the subtle force dormant in the body or to soothe the nerves. Not strong and violent remedies but those that are beneficial without disturbing the body. A chornic malady is harder to deal with, more reluctant is disappear entirely than an occasional disturbance of the body. Absolute cure of an illness so that it cannot return again depends on clearing the mind, the vital and the body

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consciousness of the psychological response to the Force bringing the illness.

The law of Nature is destruction, creation and preservation. This process is constantly going on in the metabolic process of the body. The same law is applicable in dealing with the diseases. To these terms we give other three names—elimination, stimulation and relaxation. The new synthetic treatment will be based on philosophy.

Ayurveda.— *Acharyas* of Ayurveda developed the system of Indian medicine through the inner vision on the theory of *Tridosha* and the treatment is mostly based on the three principles—elimination of *doshas* or toxic matter, stimulation of life force and relaxation of nerves. The medicinal treatment is applicable to the organic diseases specially the inflammatory ones and not to functional disturbances, infectious diseases and the psychological affections. A clear conception about *Tridosha* theory has already been given. The true knowledge of *Tridosha* simplifies the treat ment and gives a clear and definite indication of the right type of treatment.

The methods of treatment are effective in the prosses of elimination of the toxic matter but not perfect as the *Acharyas* could not probe into the subtle ways of stimulating the latent energy in the body and the psychological aspect of the treatment. Ayurvedic treatment proves very helpful when the elimination of the toxic matter is the primary need.

The method of drugging is usually harmless but often inconvenient to the modern mind. A large number of prescriptions contain numerous medicines and are difficult to prepare as sometimes it is almost impossible to get fresh and effective herbs. But keeping *Acharya's* principles in tact one can substitute simple prescriptions containing a few medicines and can modernise them or can devolop and discover new methods of treatment.

The methods of investigation are very inadequate. Surgery is in its infancy. As regards eye, nothing is mentioned about glasses which are a necessity to many. Necessarily this system has to be considerably supplemented.

Homeopathy.— This system considers the importance of the subtle force present in the body but pays little attention to the elimination of the toxic matter and the psychological aspect. Its method of treatment is that of stimulation of the subtle force present in the body to combat that illness. Its medicines are subtle, innocent and effective, though, to many its subtle way of treatment is not convincing. There are a great number of medicines and the treatment is followed according to the symptoms in the individual. This requires a great study and probably rare intellectuals can be called successful homeopaths. A simplified knowledge of Homeopathy will be really of great value to an average intellectual. Homeopathy will prove successful where the

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aliment is not confined to any particular organ of the body but on the other hand the whole body reveals symptoms of a failing vital energy. Homeopathy does not usually prove successful in cases where elimination of the toxic matter is immediately called for, or where the psychological treatment is a primary need.

Allopathy :—This system is a progressive one and has discovered novel and highly scientific methods of investigation. The modern scientific instruments, X-Ray, microscope, knowledge of bacteriology and biochemistry have proved very helpful and enabled the student to do research work. The discovery of glasses and the technique of their application have enabled many impefect sight persons to see clearly. The anatomy, physiology and pathology are well explained. The technique of operations has enhanced the value to this system. Treatment of infective diseases has greatly advanced. Yet the Allopathic science is an infant science whose faculties are gradually evolving; the intellect which is yet based on the physical senses is slowly developing to the mental plane. Its theories of most of the diseases are very confusing because the intellect hardly believes the life energy and the subtle action of the mind and soul on the physical body.

Some of the medicines are remarkable discoveries, yet many a times it has been observed that the same medicine for the same illness succeeds with one man and not with another, or succeeds at one time with a man and afterwards does not succeed at all. A patient suffered from colic pains and took five morphia injections in succession without even diminishing his pain. The treatment is usually very inadequate, especially when the disease is due to lack of vital energy or relaxation. At least in the case of the eye there is neither any prevention nor cure of defective vision and diseases of the inside of the eyeball. The field of the medical science in the prevention and cure of various diseases is limited.

Synthetic System—A synthetic system of medicine should consider that the human body is not only the physical body but also contains mind and vital energy and a disharmony in them is the cause of suffering and the therapeutic knowledge ought to be based on harmonising their action The individual system explains one aspect of the integral truth and one can pick up good points from each system and combine them. Allopathy provides the scientific knowledge of investigation, prescription of glasses and other appliances, technique of operations, use of certain preventive and curative medicines. Ayurveda teaches the elimination of the toxin from the body in a harmless manner and in a cheaper way; certain of its medicines and prescriptions can be simplified and modernised for local and general use. Homeopathy gives the idea of stimulating the subtle force present in the body to counter act the toxic effects of the illness by means of the subtle physical means. But none of these systems has touched the relaxation and psychological aspect of the treatment. This gap is being filled up partly by Dr. Bates relaxation methods and the matter needs further investigation.

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As regards medicines, Allopathic, Ayurvedic or Homeopathic, there are multitude of remedies but a small number are of proven value. Certain drugs and formulae find favour with some physicians, while with others they never receive a trial. One great danger in medicine is the falling into a therapeutic rut. We would warn against the therapeutic nihilist on the one hand, and the extreme enthusiast on the other. The remedies should not be strong and violent but harmless to the system even if there is no desired result.

Already it has been mentioned that the cause of ailments is either mental strain or lack of vitality or accumulation of toxic matter and wrong use of the organ. This suggests three main principles of treatment, Elimination, Stimulation and Relaxation.

The Synthetic system of treatment will be based en these three principles.

1. Elimination of foreign or toxic matter which may be done through purgatives, enemas, fasting emetics, diuretics, diaphoretics, errhines, vaccines and serums. operations, *lekhana* or irritating medicines etc.

2. Stimulation means to improve blood circulation and vitality which may be achieved through deep breathing, exercise, vapour bath, sun treatment, vitamins, suitable diet, tonics, digestives, massage, *Ropan* or invigorating medicines, *Aasans*, Injections, Homeopathy etc.

3. Relaxation of mind and nerves may be produced by autosuggestion, faith cure, concentration, meditation, relaxation exercises, rest, right use of the organ, fasting, massage, *Prasaadan* or soothing medicines etc.

Manipulative methods—Goggles and glasses, artificial eyes and eye covers, other appliances etc.

The modern doctor who is famous by the name of Allopath in this country has promising future. At present he is busy with the wonderful investigating methods to discover the physical means and remedies to prevent and cure an illness and for all this intellect is his guide. Of course, he has achieved a partial truth but much is to be discovered. When he will cross the borders of mind and intellect and grow into his soul, the supreme power of truth and knowledge, he will discover some novel methods and remedies, and synthetise all the individual systems. He will be inside out and develop his intuition, the inner vision and instinct by which he will immediately come to the right conclusion and then express the truth rationally and scientifically. Apart from the medical aid he will recommend the proper diet and physical culture to make the body fit and active and use his ocult power as well. In future he will discover such simple methods which will root out the disease in most of the cases and will be able to give long life to his patients.

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I have developed this kind of synthetic treatment for the eye in Dr. Agarwal's Eye Institute, and have expounded the scientific basis in my books, Mind and Vision, Eye Troubles in Old Age, and Prevention and Cure of Myopia without glasses, and Central Fixation as an aid to Eyesight, *Netra-Sudhas*. The value of the practical work at this Institute has now become widely known and we receive patients from all over India. Most of the cases, so called incurable, are benefited considerably by simple and harmless methods of treatment. A report of such cases appears now and then in the medical papers. Practical training is imparted to postgraduates.

I give a case out of many as an illustration :—

A man of forty four was suffering from eye troubles for over thirty years and had consulted Allopaths, Ayurvedic physicians, Homeopaths. His main troubles were pain in the eyeballs, headache, occasional redness and dimness in near work. Whenever there was an attack of redness he had to stop his work and remain in the room for days together. Doctors had treated him by caustics and prescribed glasses for constant use. Homeopaths had given him some internal medicines, Ayurvedic physicians had prescribed some purgatives, tonic and *surmas*. The patient had temporary relief; a sort of suppression of the symptoms, from all of them but he was conscious of gradual deterioration in eyesight. The present condition was pterygium, hypermetropia and presbyopia, floating specks before the eyes, pain in the eyeballs and headache especially in near work, and occasional attack of redness. I examined this case thoroughly with the retinoscope and ophthalmoscope and treated him on the following lines based on different systems.

Bates System of Relaxation : -Education of the eye how to use it properly without effort and under relaxation.

Allopathy :—Prescription of glasses of plus 1.5 for near work, eye wash and eye drops, operation of pterygium.

Ayurveda :—*Tiriphala* preparation to keep the bowels clear, *Tiriphala Ghirta* as a tonic, and *Surma* for local use.

The results were remarkable and very encouraging. His distant vision became normal and required lower power of glasses than before, complaints of pain, headache, redness and floating specks completely disappeared. The expression of the eyes became normal. The patient had no complaint when he met me after two years.

Why Integration Necessary ? Each system expresses one aspect of the One Healing Power, hence the results are partial. To bring perfection in the work it is necessary to accept any system of treatment which helps in healing and is based on scientific knowledge. Even if there is no scientific knowledge but the system of treatment does real good, it is the duty of the scientist to discover the scientific basis. Combination of all the systems will bring perfection in the physician and this means relief for many a sufferings and from waste of money upon various unnecessary devices.

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The past knowledge is both a drag and a force for progress. It is the past that has created the present and a great part of it is creating the future. The arrival of a new radical idea in the minds of some allopaths, Kavirajs and ministers is the sign of a great coming change in the field of medicine. They are the allopaths in all the fields who are acting as pioneers and giving a great lift to other systems. Evidently, they must have combined other systems with Allopathy, in however limited measure.

The reactionaries and the dogmatists of each system, may triumph for a time but the struggle cannot end till perfection is attained. This is the law of Nature. The conservative mind is unwilling to recognise this law. It tries to measure things by a standard it has set up in its intelligence and views things from a single standpoint. It is not able to harmonize different ideas and view the facts from different standpoints. But Nature has her subtle and disguished methods in her dealings with men by which she leads them to change. Man's ideals and knowledge must either progress or degenerate but in no case maintain themselves unchanged against the march of Time.

It may not be possible at this stage to change the curriculum of the allopathic institutions, but the Government can provide facilities to the postgraduates to study Ayurveda, Homeopathy and any other useful mode of treatment. For this, research institutions ought to be started in the centre and in the provinces. It is a fact that only the modern doctor can do the useful work to discover the synthetic knowledge. Physicians of other systems will prove a failure because they could not develope his intellect and reason due to want of proper training, investigating methods and instruments. Postgraduate students who qualify from such research institutions may be given preference in services and a special degree or a diploma may be awarded to them. Such a scheme in medicine will not be very costly but will yield best results.

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Rejuvenate Ayurveda

By

SEWAK G. L. KOHLI

Humanitarian Mission Charitable Pharmacy, Ranchi.

Ayurveda is the orignal science of medicines and surgery. This nectar flows out of the fountain of *Atharva Veda*. Greeks and Arabians exploited this knowledge from India and presented it before the world in a remodelled shape. Ayurveda is the real mother of all the present pathies. The learned author of "SOME ASPECTS OF INDIAN MEDICAL TREATMENT" has very boldly confessed "Our medical system came originally from the *Hindus* through Arabia" Mr. BABER through his famous writings tells us, "The Indians seem to have attained a special proficiency in the Department of Surgery. European Surgeons might perhaps even at the present day still learn something from them, as indeed, they have already borrowed from them the operation of Rhinoplasty." The following quotation from "MANUAL OF TROPICAL MEDICINE" speaks for the practitioners of Ayurveda: "There is no doubt that the Indian doctors were well versed not merely in medicine and surgery but also in the prevention of disease and operative midwifery. They apparently know Diabetes Mellitus, Dysentary, Pthysis, Syphilis and disease due to worms etc. In diagnosis they paid attention to the examination of the pulse, the temperature of the body, the colour of the skin, the urine, faeces, eye, nose and the respiratory sounds etc". Dr. Annie Besant Ex President, Indian National Congress says, "In medicine you (Indians) are still more advanced. In the west it is by no means a science but largely guess work. Indian medicine both of the Hindus and Mohammedans is superior to the medicine of the west". It is ev dent that Ayurveda is complete in itself. The blood of Ayurveda is flowing in the veins of all modern medical sciences.

Every rise has a fall and after fall everything claims its rise. Ayurveda has stood sufficient ignominy during the tyrnany of Muslim and British Empires. India is now FREE and INDEPENDENT. But we have still to fight for the Independence of Ayurveda.

The Present Position

The present position of Ayurvedic World is very precarious. Our Vaidyas are full of innumerable foibles and weaknesses, which are not being eradicated. There are many schools of thoughts and traditions spread all over BHARAT. There are differences in opinions, pharmaceutics, therapeutics, and interpretations of various terms and *sutras*. There is no standardised pharmacopoea in India for the *sanshodhan* and *maaran* of *aushadhies*. Due to lack of laboratory training majority of Ayurvedic Practitioners lack the spirit of self confidence and self reliance. Due to want of this confidence I have seen some Ayurvedists trying medicines of other medical systems.

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Every one is oiling his own engine which has ultimately reduced our strength. We should analyse our drawbacks and explore possibilities to remove them. The mistakes of the past should be rectified from today and we should awake, arise and cooperate for the purposes of unity which is strength.

Divided we had a fall. We have remained without official and State support for over 2000 years. Country is now free but the Government is still averse to extending us the requisite recognition and encouragement. How to rejuvenate Ayurveda is our vital problem. Let all Leaders and Lovers of Ayurveda scratch their heads and build up a practical road which should lead us to success.

Government and Ministers

I have seen people abusing the Government, Health and other Ministers and Allopaths for not showing the correct attitude towards Ayurveda. It is not sane, because, the lovers of Ayurveda, being citizens of this country are the voters in all elections. Ministers are elected by the devotees of Ayurveda by virtue of their being real voters and supporters of the elected members. It is the Ministers who form the Government. It the STATE or the Ministers do not look after our interests I do not think they are at fault. It is a result of our wrong discretion at the time of voting which is now inflicting on us. We are wantongly suffering because of our own mistakes. These mistakes are corrigable. The next election is coming. Lovers of Ayurveda can exercise their own discretion at the time of voting. But individually this cannot be done. We have to follow the instructions of the All-India Ayurvedic Congress which represent our cause in all walks of life and create an united front at the time of coming elections.

Allopaths and Literature

Allopaths and *bhagats* of Allopathy or other pathies are all our own brothers and sisters. Their forefathers have always been blessed by Ayurveda and I cannot believe that these allopathic people living in civilised circles are UNGRATEFUL. Nay—they are absolutely ignorant about Ayurveda. It is not their fault for which we are blaming them. I think it is the fault of Ayurvedists who cannot present Ayurveda and its marvels before their rivals in an appealing manner. Where are the books which allopaths should read? It should be the headache of All India Ayurvedic Congress to bring out portions of Ayurveda in all important languages in India. International language of the world is ENGLISH and isn't it a pity that we havn't even a single good book on Ayurveda in this language. How can we attract the allopaths without good literature. Magnet has its own attraction. Leaders of Ayurveda should write books in magnetic language, which should be CHEAP and presentable. These books are sure to magnetically mould the outlook of our opponents in the right direction. To me this is the surest and easiest plan for ALL of us to seriously consider and adopt.

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It is agreed that the Pandits of Ayurveda cannot write books in ENGLISH and other languages. But can't they pick up graduates of ENGLISH or other languages and teach them Ayurveda? It is not feasable, All India Ayurvedic Congress should get their literature translated in the common languages for the propogation of the knowledge of life. Cheap Editions of Charaka, Sushrut, other Sanghitas and Authoritative Works on Ayurveda should be placed before the readers so that even the poor could treasure them. Circulation Libraries can be started at the Headquarters of All India, State and District Ayurvedic Congresses. Valuable and reference books can be issued to readers on loan for use and return. Many students and research scholars of Ayurveda would be willing to pay for temporary lease of reference books. This will create a source of income to the Ayurvedic Organisations. Initiative and selfless labour will never go invain.

Reasearch Scholars Parishad

To remove deficiencies in the existing practitioners of Ayurveda the All India Ayurvedic Congress should form a *parishad* of Research Scholars. The Research Scholars of the *Parishad* should tour round the world and collect back the hidden treasures of *Vedic* Civilisation exploited by foreigners at the time of Greek and Mughal invasions.

This *Parishad* should experiment and issue reports and papers as to how Vaidyas can reap full advantage of the modern equipments viz, X'ray, Microscope and Radio Therapy. Ayurvedists are labouring under a very wrong impression that X'rays and microscopes have been invented by Allopaths. NO- these are inventions of the scientists who are non-allopaths. The cultivated sense of adaptability in Modern Medical Practitioners have made all these instrument Allopathic. Even the thermometer is invention of a non-allopathic brain. A drive to broden the outlook ef the Vaidyas is very much needed.

If Ayurvedic Practitioners shun to use modern equipments, I maintain they have NO rights to make use of the electricity, railways, telegraphy, cinematography and all other inventions of the day. Knowledge means absence of ignorance and there is no reason why learned practitioners of Ayurveda should abuse the timely useful elements without which they cannot win the official and public sympathy.

This ball can only be set rolling by the research Scholars *Parishad.*

Ayurvedic Paribhaasha

Ayurvedic *maap-tol* i.e., wheights and measures can be translated in the term of 20th century weights and measures. Weighting of a drug in *chattacks* or ozs does not make any difference. This change will make Ayurvedic Recepies more comprehendable to the Allopathic minded people and the outside world.

Enema, Douche and Glycerine Syringe can be utilised in lieu of old *vasti yantra.* Ayurvedic Medicines and mixtures can be

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pushed into intestines through evacuant, nutrient, stimulant and medicated enemas.

Proposed Set Up

A proposed set up of the Research Scholars *Parishad* is annexed.

ANNEXED

Research Scholars Parishad

Research Department	*Administrative Department*	*Publicity Department*
(a) To minutely & critically study the subject and compare Ayurveda with contemporary modern medical sciences and pathies to improve upon the system.	(a) To establish a new standardised Indian Pharmacopoea for *sanshodhan* and *maran* of indigenous medicines on scientific lines. All India Ayurvedic Congress should then strive nerves so that this pharmacopoea should be adopted in all Ayurvedic *Bhawans*, *Rasayanshalas*, *Aushadashramas*, and Laboratories. Parity should be abolished and one LAW should be enforced.	(a) To collect experiences and data from Ayurvedic praticitioners and Research Scholars and publish books, literature, theories, journals, clinical reports records and papers on current and old Ayurvedic Topics of utility.
(b) To give interpretations of terms and *sutras* on which opinions of Ayurvedic *Vidvans* differ.	(b) Recommend names of deserving brilliant Research Scholars of Ayurveda to the All India Ayurvedic Congress for sending them abroad on liason visits & further studies. Stipends, scholarships and other financial aid may be granted by the All India Ayurvedic *Organisation* for this purpose. These scholars should bring back the sacred books, photographers & marvels of Vedic Civilisation robbed by foreigners at the time of their invasions and rule over BHARAT.	(b) Should collect hand written books and manuscripts & arrange for their publication. This antique and hidden literature should be treasured in liabraries and placed in exhibitions for perusal of the public.

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Writers Intention

The object of this article is NOT to deprecate *Mahasammelans* and *Mahamandals* of Ayurveda. I have tried to bring forward suggestions which should be adopted and translated into action, for furtherance of the CAUSE in which WE are ALL very much interested.

Great thinkers and Lovers of Ayurveda are confronted with this problem and I modestly tender solution of the problem, which may be improved and augmented by our Leaders.

Two things are always needed for the *freesion* of every scheme—MANPOWER and FINANCE.

Manpower

Our Vidyas are already divided and disintergerated. Who will patch up these odds and ends and make up a homogeneous and united force to defent the misslon ? Isn't it a pity that our Ayurvedie Congress, *Mahasammelams* and *Mahamvndals* have to do off with their deep slumbers and wake up to move with the twentieth century.

Two different Battalions one for males and one for females should be raised for carrying on SERVICE of AYURVEDA with a peculiar spirit. They should be trained soldiers of the Mission and Diplomaed Torch Bearers of TRUTH and SELFLESSNESS. These servants of humanity will spend themselves in the service of their neighbours, in hospitals, homes for the displaced, lepers and other sufferers or research and *prachar* of Ayurveda.

Population of India is very large but there is a great shortage of really selfless workers. So far I have come across one true Sewak of Ayurveda whom I will never hesitate to mention—he is our revered friend Tapaswi Baba Sahib Dr. N.S. PRANJPEY. What a boon it would have been if a Battalion of PRANJAPEYS could be raised and trained te preach and fight for the cause of AYURVEDA.

Finance

The worst of curses in human life is poverty. All the other curses are nothing beside it. I do not think it is, at all difficult to raise funds for the Service of Ayurveda. 80% of Indians are LOVERS and dependents on Ayurveda for its bounties and unlimited marvels. If each Indian cares to contribute one anna for the furtherance of this cause, there is no reason why can't we raise about TWO CRORES of rupees. One side of the picture is that every body cannot set aside one anna for this cause, the other side of the same picture is that there is abundance of philanthropists like BIRLAS and DALMIAS in India. What is really needed is a substantial work being conducted by a set of self sacrificers.

Brothers/Sisters can start purses at different quarters to collect vouluntary contributions and with this mint of wealth a University of Ayurveda should be inangurated.

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University of Ayurveda

A University of Ayurveda should be established to spread culture and education of the Science of Life. In good old days Nalanda University in BHARAT alone had 1510 teachers to educate 10,000 students. But where are we now? University of Ayurveda at JHANSI is embriyo and cannot catter for crores of Indians.

The propose set up of the University of Ayurveda which is self explanatory is given in the Appendix.

APPENDIX

Proposed Set up of the University of Ayurveda

Department of Education	*Controller of Examinations*	*Department of Research*	*Department for imparting Practical Training*
Should have affiliated residential institutions conducting :—	Examinations should be conducted in all provincial languages specially Sanskrit, Hindi and English.	(i) For unveiling the hidden treasures of Ayurveda like KAYA KALPA (Rejuvenation) etc.	(i) It should practically be a college of pharmacology where instructions should be imparted in Pharmacology & Laboratory Training.
(i) Regular junior-Senior Courses according to the prescribed curriculum.		(ii) For exploring possibilities of assimilating what is best in other pathies & modern sciences.	(ii) Rasas, Bhasmas & other preparations made by this department can be distributed to charitable pharmacies & sold in the open market.
(ii) Refresher courses to brush up knowledge of the old & experienced vaidyas.		(iii) For making further inventions and progressing the Science of Life.	(iii) Post Graduate courses in different subjects like Surgery, X-Ray and Laboratory Work etc.
(iii) Night schools should be a special feature where busy and self made people could gratify their hunger for knowledge.			(iv) For imparting practical clinical experience to Vaidyas in Ayurvedic Hospitals.
(iv) Correspondence Courses for the people who are far away and are interested in the subject.			This department will promote confidence in the students & will make their knowledge strong.

—To be Continued

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Langhana & Upavaasa

By

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(Andhra Desa.)

Bhaarat Khand was the first Country in the world to discover and apply to daily use in life a number of natural protective foods upon which the people have lived for ages in perfect health and prosperity. Unfortunately the economic and social structure of the country has been so rudely shaken up, that the age-old practices of resorting to the use of a number of rules, regarding dietary have fast vanished from this land and the modern scientific knowledge gathered from Europe and America has not at all been harnessed for the good of the people. The result is an all round devastation in the health of the people.

In ancient *Bhaarata*, the spirit was regarded as the basic entity of the universe from which all things emanated, in which all things were sustained and into which all things merged. But, the idealogy of *Bhaarata Varsha*, after the advent of British rule had been changed from the spiritual to the material. The worldly success of material science has overwhelmed us into thinking that it alone is true knowledge. But truth has many facets. *Bhaarat Khand* recognises the truth of many religions, philosophies and sciences, and always seeks the central truth from which religions, philosophies and sciences emanate. The civilisation of Indian medicine was timeless and the rest of the world was a civilisation of time. The spiritual time is the avenue for mysticism, for second sight for genius. The material time is a time of the physical world that we see and live in. *Bharat Khanda* gave pride of place to religion and philosophy, but developed science too. Along with the spiritual development *Bhaarata Maata* developed also a rich material life. The genius of *Bhaarata* is more truly served in scientific instructions for spiritual research than in those for material research.

The ancient sages of *Bhaarata* were the first to recognise the high value of *Langhana* and *Upavasana Chikitsas* both as a preventive, curative, (methods of treatment) medicine to the body and mind, giving perfect health, vitality and longevity. For thousands of years "*Langhanam* and *Upavasam*" treatments have been recognised as nature's supreme curative methods. But the art of When ? Why ? and How ? has been lost by those of the present day civilisation. They will be studied in the following pages.

Of all medicines *Langhanam* is Foremost

There is a common saying "*Langhanam Paramoushadham*". *Langhanam* is foremost of all medicines. In Ayurveda the techni-

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cal word *Aushadam* has been expressed by different names indicating different aspects as follows:—

Synonyms of Bheshajam:

(1) *Chikitsitam;* (2) *Vyaadhiharam;* (3) *Pathyam;* (4) *Sadhanam;* (5) *Oushadham;* (6) *Praayaschittam;* (7) *Prasmanam;* (8) *Prakritisthaapanam;* (9) *Hitam* and (10) *Bheshajam.**

Oshadhi:

It is necessary that one should know what **"Oshadhi"** is before coming to know of *Aushadham* (preparation of *Oshadhi.* **All the food substances are called Oshadhis.** They consist of six *Rasas.* The object of the tongue being '*Rasa*'. "*Aap*" and "*Prithvi*" are the digestive existences in which taste inherits. In its manifestation and as regards particular kinds of it, *Aakaasa, Vaayu* and *Tejas* are also its adjuncts.

Sweet, Sour and Salt check *Vaayu,*

Astringent, sweet and bitter check *Pitta,*

Astringent, pungent, and bitter check *Kapha.*†

Classification of Oshadhis :

These *Oshadhis* are classified into :—

I. **Immobile Oshadis :** They are grouped under four Sub-heads.

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*1 रोगनिवृत्ति जनकव्यापारकरणम् : Treatment is made by means of medicines therefore *Aushadha Chikitsa* may be called treatment.

2 व्याधीन्हरातयतः व्याधिहरम् : Destructive or alleviative of disease.

3 पथ्यं स्रोतः सुहितं : Proper negimen.

4 प्रकरणात्रोगाः साध्यन्ते निवर्त्यन्तेऽनेनेतिसाधनम् : is means by which cure of disease is accomplished.

5 औषधिभिर्निष्पन्नं व्याधिहितम् : Preparation from (*Oshadhi*) herbs & plants.

6 दुःखेषुप्रायोऽपोपऽग्रिखितत्प्रायश्चित्यं चितयोह्याग्रिरुच्चते : Disease being looked upon as the result of sin, treatment is neccessarily *Daiva vyapaasrayam.*

7 प्रशमनम् प्रकर्षेणशमयतिएतत् : Means of alleviation.

8 प्रकृतौ लोकानां धातन् स्थापयति येन तत् : That by which one is resorted to one's normal condition.

9 हितं पोषकत्वात् : Means by which good is effected.

10 भिषजांरोगापनयनायदयत्तत् :

† रसनार्थो रसस्तस्य द्रव्यमापः क्षितिस्यधाः निर्वृत्तौचविशेषेचप्रत्यया: स्वाद्वयस्त्रयः स्वादुरम्लोऽथ लवणः कटुकस्तिक्तएवच; कषायश्चेतिषट्काय रसानां संग्रहः स्मृतः स्वाद्वम्ललवणावायुं, कषायस्वादुतिक्तकाः जयन्तिपित्तं श्लेषमाणं कषायकटुतिक्तकाः

चरक. सूत्र. अ१. श्लो. ६४,६५,६६

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1. *Vanaspatis :* are those that bear fruit without blosomming.
2. *Vrikshas* : are those that bear both fruit and flowers.
3. *Virudhas* : are those Shrubs and creepers that trail on the ground.
4. *Oshadhis proper* : Plants which die with the ripening of fruit (such as cereals).

II. **Mobile Oshadhis :** 1. Viviparous, 2. Oviparous, 3. Sweat begotten, 4. (animals), born of decomposed vegetable matter.

Vegetable Kingdom : Vegetable *Oshadhis* : Bark, leaves, flowers, fruits, roots, bulbs, the expressed juice, Milk or resinous secretions of plants, oils, etc.

Animal Kingdom: *Oshadhis* procured from the animal world: — Skin, nails, wool, blood, flesh, fat, marrow, bones, etc.

Mineral Kingdom : Earthy substances :— Metals and minerals such as gold, silver, gems, *Manahsila* pearls, clay and *Kapatas*. [1]

(For details see *Anna pana Vidhimadhyaya*.)

Purusha.

PURUSHA:—The five elements, *Prithvi* (earth), *AP* (water), *Agni* (fire), *Vayu* (air) and *Aakaasa* (ether) are present in created beings in their subtle forms and contribute to the formation of human body. The fiery principle controls the mitabolism, the water principle keeps it in a moist state, the earth principle gives it a hard shape; the ether principle contributes to its growth and development. The vital force *Vayu*, divides the body into three *Doshas*, seven *Dhaatus* and three *Malas*. The 1,000 named *Aatma* (Soul) takes hold of the body of five elements and is marked by the three fundamental qualities of *Satwa* (Truth), *Rajas* (Passion) aud *Tamas* (Darkness) and evolves into a living being. United with the senses the elemental body is animate; without senses the body is inanimate.

The union of the trinity-mind, soul and body—is thus called *purusha* or person. This *Purusha* enjoys or suffers the fruit of actions both of this and previous existence.

Objects of health and disease:

Body and Mind are regarded as the objects in which health

1. Vide. Sushuta. Sutra. Cha. I. V. 29, 30, 3 and 32.

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and disease co-inhere, parity of correlation being the cause of health.[1]

Causes of diseases :

Vayu, Pitta, and *Kapha* have been said to be the causes of all bodily diseases. The qualities of *Rajas* and *Tamas* have been indicated to be the causes of Mental diseases.

Cures of Bodily and Mental diseases:

Bodily diseases are cured by *Aushadhas* founded upon acts in respect of the dietetics and upon reason (*yukti*). (*Langhanam* and *Brimhana* methods). Mental diseases are cured by knowledge of the soul. Knowledge of the scriptures, patience, and memory and abstraction of mind from all worldly objects. (*upavaasam*).[2]

Indications of Health:

Health according to Ayurveda, indicates a normal condition of the *Doshas*, *Agni* (Digestive fire), *Malaas*, *Dhatus*, as well as a serene state of the body, mind, and the sense organs. The primary object of Ayurveda Chikitsa is to maintain this healthy state.[3]

The six Rasaas:

The 3 doshas, the 7 *Dhatus* and the various *Malas* as stool and urine—these in their normal state hold together the corporal frame in conjunction with the six *Rasaas* (inherent in the *Oshadhi*), necessary for the constitution.

It therefore, behoves a "*Bhishagwara*", to treat a patient with the different combinations of the six *Rasaas*, after properly diagnosing the *Vyaadhi* (disease) with due regard to the aggravation of the different *doshas* and without going into and further details.

Want of Health.

In ameliorating a disease the physician is the doer of that action, the effect of which is health, and the instruments with

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1. सत्त्वमात्मा शरीरं च त्रयमेतमिदंवत् ।
लोकस्तिष्ठति संयोगात् तत्रसर्वं प्रतिष्ठितम् ॥ चरक. सू. अ१. श्लो. ४६
शरीरं सत्वसंगंच व्याधी नामाश्रयामतेः ।
तद्यासुखानां योगस्तुसुखानां कारणसमः ॥ Ibid xx.

2. वायुः पित्तं कफश्चोक्त श्शारीरो दोषसंग्रहः ।
मानसःपुनरुद्दिष्ठे रन्यश्चतमरावच ॥ चरक. सू. अ१. x 57
प्रशाम्यत्यौषधैः पूर्वः दैवयुक्तिव्यपाश्रयैः ।
मानसो ज्ञानविज्ञान धैर्यस्मृति समाधिभिः Ibid. 58

3. Sushurta Uttaratantra, Ch. 64, V. 2 and 3.

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which the action is performed are the *Rasas* in the *Oshadhi*, while the *doshas* are the causes. The opposite hereof is want of health.[1]

The Digestive Fire

The period of life, complexion, strength, health, exertion, growth, lustre, *ojas*, energy, animal, and other kinds of heat, and the life breaths have all been the result of the digestive fire within the human frame. When this fire becomes extinguished, the person dies. When it burns within the body, one lives long without ailments of any kind. When it becomes vitiated, one becomes afflicted with disease. For these reasons the *Agni* is said to be the root.[2]

Shushruta holds that the *Pittam* is the only fire present in the system, inasmuch as all acts of, from the digestion of food to the disintegration of tissues are performed with the help of the *Pitta*.

The Five Pittas

The five heats (*Ranjaka*, *Paachaka*, *Saadhaka*, *Aalochaka* and *Bhraajaka*) with their function, (*Raagakrit*, *Paktikrit*, *Ojakrit*, *Tejkrit*, *Ushmakrit* and *Medhakrit*), appertaining to earth, water, fire, air, and ether, digest, earth and other properties rospectively, numbering five (elements) of the food eaten.

Therefore the material properties in the body are nourished by their correlative elements. The earthy properties go to nourish the earthy elements in the body, the others go to nourish the other corresponding elements.[3]

That fire which cooks the food eaten is the prince of all heats, whose function is cooking. Indeed all the other heats have the food cooking heat for their root. Their increase or decrease depends on its increase or decrease.

Hence one should heedfully maintain that heat, with the fuel of well combined and beneficial food and drink. Upon the heat being kept up the period of life and strength depends.[4]

The Paachaka Pitta

The fire, that burns within a person, is godly in its subtle essence, and possesses the divine attributes of atom-like invisibility, weightlessness, etc., and is the digestant of food. It takes up the lymph Chyle of different tastes for the purpose of digestion, and is invisible owing to its extremely subtle essence. The three vital *Vayus*, *Praana*, *Apaana* and *Samaana* located in their own spheres within the organism, feed it and keep it burning. The *Paachakaagni* (digestive fire) is divided into four different

1. Sushruta. Uttaratantra. Ch. 66. V. 10.
2. Charaka. Chikitsa. Grahani. V. 2 and 3.
3. Charaka. Chikitsa. Grahani. V. 12 and 13.
4. Ibid. V. 38 and 39.

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kinds: 1. The *Agni* becomes irregular (*Vishamaagni*) through the action of deranged *Vaayu*; 2. this again becomes keen (*Teekshna*) through the action of deranged *Pittam*; 3. this becomes dull or sluggish (*Manda*) through the action of deranged Kapha; 4. the fourth continues in a state of unaffected by any of the morbid humoral constituents of the body owing to their maintaining the normal equilibrium (*Samaagni*), which fully digests the injested food at the proper time without the least irregularity.[1]

Man reflecting on means and time, with concentrated attention, should everyday perform the daily sacrifice of *Homa* by pouring libations of Good food on his sacred internal fire fed by the sacred fuel of *Anupaana*.

Unto that man who having established his sacrificial fire, silently recites every day the *Gaayatri* "*Mantra*" "*Aum*" makes gifts, and pours beneficial food on his internal fire. who is thus engaged in achieving what is for his highest food, and who in the matter of food and drink is well read, with the laws of assimilation, no diseases ever attack him, even in his future lives, for want of cause.

The man who is thus habituated to proper food lives for six and thirty thousand nights in perfect health, with Soul under his control and winning the esteem of those that are good and pious.[2]

The Fire, which is normal, of a person who performs judiciously his sacred *Homa*, equally cooking the food that is eaten causes harmony of the *Dhaatus*; when the force of *Agni* is great (*Teekshanagni*) and when it does not get sufficient fuel it consumes the *Dhaatus* (when *Brimhana Chikitsa* is required).

When the digestive fire is unequal—dull (*Mandaagni*),—it unequally cooks food material taken and produces inequality between the *Dhatus* upon which rests health.

Effects of Undigested Food

The food in the stomach that is not properly digested is a terrible poison. Combining with excited *pitta*. this (*Aama Rasa*) undigested food which becomes poison, produces burning of the skin, thirst, diseases of the mouth, sour bile, and other disorders born of *Pitta*. Combining with *Kapha*, it produces pthisis, Nasal Catarrah, *Prameha* and other diseases of *Kapha*. Combining with *Vaayu*, it produces diverse diseases that are born of *Vayu*.

Combining with Urine it produces diverse diseases of Urine. Combining with stools it produces diverse diseases of stool. Combining with *Dhatus* like *Rasa* etc. it produces diverse diseases born of *Rasa* and the rest.[3]

1. Sushruta. Sutra. Cha. 35. V. 27 and 27.
2. Charaka. Sutra. . 27: V. 343, 344, 345 and 346.
3. Charaka. Grahani Chikitsa. V. 44, 45, 46, 47, 48, and 49.

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Those disorders that are curable may be set right by the objects (*Oshadhis* of food and drink) possessing adverse attributes, administered according to place, measure and time.

Causes of Increase And Decrease

Of all things at all times similarity is the cause of increase, dissimilarity is the cause of decrease. A tendency exists towards both. Similarity is that which produces oneness and dissimilarity is that which produces diversity. Therefore similarity is identity of substance and dissimilarity is the reverse of this.[1]

Vayu which may be *Ruksha* (dry), *Seetha* (cold), *Laghu* (light), *Khara* (suitable), *Chala* (unstable), *Visada* (clear), *Sukshma* (keen) is cured by objects which have adverse attributes.

Pitta which may be *Sneha* (oily), *Ushna* (hot), *Teekshnam* (keen), *Amla* (sour), *Drava* (liquid), and *Katu* (pungent) is speedily cured by objects having adverse attributes.

Kapha which may be (heavy) *Guru, Seetha* (cold), *Mridu* (mild), *Snigdha* (oily), *Madhura* (sweet), *Sthira* (stable), and *Pichchila* (slimy) is quickly cured by objects having adverse attributes.[2]

Two Kinds of Diseases and Two Kinds of Treatment

The diseases are of two kinds *Swatantra* (Primary) and *Paratantra* (secondary). The methods of checking these disorders are also of two kinds *Langhana* and *Brimhana*, which are again subdivided into, *Langhana, Brimhana, Rukshana, Snehana, Swedana* and *Sthambhana*. But as Vegbhata says though these are subdivided into six methods, they form part and parcel of the two main treatments *Langhana* and *Brimhana*. These two, *Langhana* and *Brimhana* are otherwise called *Apatarpana* and *Santarpana*.[3] . Anything that lightens or attenuates in the body has been said to be a *Langhana*.[4] . That which promotes nutrition and bulk of the body is known as *Brimhana*. .

Attributes of Brimhana And Langhana

Brimhana is predominant of *Prithvi* and *Aap dravyas*, while *Langhana* is predominent of *Tej, Vayu* and *Aakasa dravyams*.[5]

Such things as are light (*Laghu*), warm (*Ushna*), pungent (*Teekshna*), not slimy (*Visada*), dry (*Ruksha*), subtle (*Sukshma*), rough (*Khara*), unstable (*Sara*) and hard (*Kathina*) are generally *Langhana*.[6]

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1. Charaka. Sutra. Ch. I. V. 44 and 45.
2. Charaka. Sutra. Ch. I. V. 59, 60 and 61.
3. Vagbhata. Sutra. Cha. 14. V. 1, 2, 4. 5 and 6.
4. Charaka. Sutra. Ch. 22. V. 8 and 9.
5. Vagbhata. Sutra. Ch. 14. V. 3.
6. Charaka, Sutra. Ch. 22. V. 12.

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The four kinds of corrective processes viz., emetics, purgatives (bodily), cerebral purgative and dry enema, as also bearing thirst and wind and the heat of the Sun, drinking the medicines called *Paachana*, *Deepana*, fast, and physical exercise—these all come under *Langhana Chikitsa*. [1]

Sodhana Langhana: Purifactory measures, i. e., those measures that draw out undigested material from the body like *Vamana*, *Virechana*, *Siro Virechana*, *Niruha vasti* and bloodletting come under *Sodhana Langhana*. [2]

Samana Langhana: Measures, that help to bring the vitiated *Dhatus* to equillibrium, like *Paachanas*, *Deepanas*, starvation (*Kshunigrah* and *Trishnaanigraha*), physical exercises *Vyaayaama*), sun cure, air cure, come under *Samana Langhana*.[3]

Correction of Different Agnis

'The one' known as *Vishamaagni* should be corrected by a diet consisting of emolliant, acid or saline substances. In a case of *Teekshanaagni* the treatment should consist in prescribing purgatives and a diet in which sweet, cooling, and fatty or albuminous matters largely enter. Emetics should be administered in a case of *Mandaagni*, the patient should be restricted to a diet consisting of articles of a pungent, astringent or bitter taste.[4]

Those persons that have *Kapha* and *Pitta* as also blood and impurities in excess, and that have got their *Vayu* in an excited or disordered state, as also those that have large bodies, or strength in excess are fit for *Langhana* treatment of *Sodhana* (purifactory) type.

They who are afflicted with diseases that of middling strength and that have arisen from vitiation of *Kapha* and *Pitta*, such as vomitting, diarrhoea, thoracic disorders, choleraic diarrhoea, tympanitis, fever, supression of stools and urine, heaviness of the limbs, eructations, hiccough, nausea or disgust for food; and other disorders of the kind are generally treated by the wise physician with the aid of *pachana* measures.

After this when persons get the disorderly symptoms mentioned above in a weak form, then those disorders should be subjected by means of fasts and by endurance of thirst without slacking it.

All diseases that are of middling strength should be subjugated by physical exercise, and exposure to the Sun and fresh air. As regards strong men again what difficulty is there in subjugating their disorders, when these are weak, by the same means ?

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7. Ibid. V. 18.
8. Vagbhata. Sutra. Ch. 14. V. 5.
3. Ibid. V. 6.
4. Sushruta. Sutra. Cha. 35. V 26.

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For those persons who have got skin diseases, or who are suffering with urinary affections by the name of *Prameha*, and who have become oily, or whose systems have become full of impurities or who have undergone the administration of *Santarana* or who have got the disorders of *Vayu*, the administration of *Langhana* is recommended in season of dew (*sisira*).[1]

When *Vayu*, urine, and stools are passed freely, when the body becomes light, when the thorax, the eructations and the throat become purified from *Kapha dosha*, when dullness and exhaustion disappear, when there is free perspiration, when liking for food returns, when hunger and thirst arise together, and when the mind becomes cheerful, it should then be held that the *Langhana* desirable to be observed has been properly done.[2]

If *Langhana* becomes excessive, there will happen, a sensation as if all the joints are broken, pain all over the body, cough, dryness of the mouth, loss of appetite, disgust for food, thirst, weakness of the ears, continued indistinctness of mind and error, upward motion of the *Vayu*, darkness of heart, loss of strength of fire in the body.[3]

Upavaasam:

As *Langhanam* is to the body *Upavaasam* is to the Mind. '*Upavaasam*' means '*Upavasateeti Upavasah*' sitting by the side of sacred fire, abstaining from animal food, and meditating God.

Mind, the functions of the mind, the understanding. (*Buddhi*) and the soul (*Aatma*) constitute in brief, the substance and qualities that are known by the name of *Adhyaatma*. These are also the causes of our inclinations and disinclinations in respect of all good and bad acts. Then all such effects as are produced by having recourse to particular objects and which are especially known by the name of *Kriyaa*, depend upon those very things as their cause.

Although the senses, as led by the reason, have for their essence, the modifications of all the five great primal elements, yet the element light (*Tejas*) enters into the composition of the sense vision, of space (*Aakaasa*) into that of the sense of hearing, of earth (*prithvi*) into that of the scent of water (*Aap*) into that of taste, and of air (*Vayu*) into that of touch. The objects of the Mind are ideas. Here again, the proper, excessive, scant, and injudicious correlation of the mind with its objects becomes the cause of normal or abnormal condition of oneself.[4]

Abnormalities of mind arise from non-attainment of objects desired or coveted or from an accession of those that are disliked.

1. Charaka. Sutra. Bha. 22. V. 20, 21, 22, 23, and24.
2. Ibid. V, 34 and 45.
3. Charaka. Sutra. Ch. 22. V. 36. and 37.
4. Ch. Su. V. 12,13,16. Ch.8.

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When afflicted by mental disease, the man should, with well directed understanding reflect carefully upon what is beneficial and what is injurious, and himself exert from abstaining from indulgence in every thing opposed to religion (*Dharma* includes all acts of righteousness and due observance of all rites (*Vrataas*)—and ceremonies laid down in the scriptures), wealth (*Artha* includes all kinds of possessions that have an exchangeable value) and pleasure (*Kaama* includes all objects that gratify the *Indrias*) *Vaasanaas* and for betaking himself to the practice of everything that is beneficial to those three.

In this world there can be no happiness or misery except through considerations connected with (*Dharma, Artha* and *Kaama*) religion, wealth and happiness. Hence these considerations must be attended, to secure these three. One should therefore, always strive to wait reverentially upon those that are learned and old. One should also duly attend to the considerations connected with one's own country, race, time, physical strength and mental energy.

Summarising the whole the mental treatment or *Upavaasa Chikitsa* in Ayurveda is attention to the consideration of religion (*Dhvrma*), wealth (*Artha*) and pleasure (*Kaama*), and the knowledge of how to reverentially wait upon *Gurus* well versed on the three topics, and also the knowledge of how to attend to the considerations connected with one's own Self. [1]

The Hindu in *Bhaarata* regulated his life not in view of this short visible span, but in view of uneding eternity. [2]

In this connection, I like to quote the following few lines from the presidential address of Mr. H. C. Chatterjee delivered in Calcutta, on 25th Nov. 1927 in the Naturopathic Conference:—

"First let us see what (*Prakriti Chikitsa*) Naturopathy is. According to the Hindu idea inculcated in us, Nature is clearly the manifestation of God—through the five premordial elements Viz., (*Prithvi*) earth, (*Ap*) Water, (*Agni*) heat, (*Vayu*) air and *Aakaasa* (ether). Earth is our Godly mother '*Dhaatri*' or '*Vasundharaa*, water is '*Ap*' or '*Narayana*'; Heat is '*Agni* or *Surya*'; Air is the God *Prabhaava* and ether is *Aakaasa* or infinity, the last being the fountain head, from which arise all the other elements.

"So Naturopathy or taking aid of the nature in the matter of preservation of health, in preventing the approach of diseases, and in curing the same when attacked by them, is the observance of godliness pure and simple in all ways of living:—in eating and fasting, in bathing and drinking, in working and warming, in heating and cooling, and lastly in resting and fasting.

So, Nature treatment means treatment with the aid of the five elements, Viz., *Kshiti, Ap, Tej, Marut, Vyom*—ie., the five materials out of which this whole universe is made. There are some Naturopaths who depend upon Diet-Cure only, some on water cure alone, some on air only in the shape of breathing exercises, some on heat-cure, and others on fasting cure. In my opinion we cannot dispense with any of these elements. We are indebted to

1 & 2 Charaka. Ch. 11. V. 52 and 53

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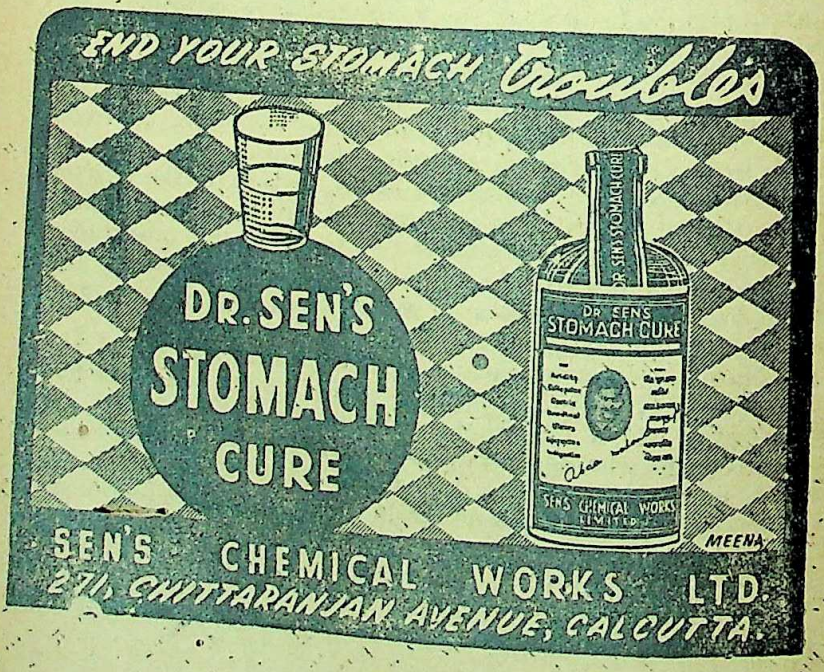
one and all of these five elements—for our living, moving and being what we are, and I think nothing in my humble address to you would interest you so much as my personal history in the field of Naturopathy".

Superior Claims of "*Prakrithi Chikitsa*" Naturopathy:—

1. Because it is the system which can be adopted by anybody and every body without tho knowledge of intricacies of Anatomy and Physiology.
2. Because it is the system which is the cheapest, safest, surest and in a word the best.
3. Because it teaches people the unity of diseases and unity of treatments, and thus dispenses with the ceremony of diagnosis. Whatever be the nature of aliment, people may be suffering from, it is always the same live natural remedies together with a natural non-stimulating diet suitable to the patients that are needed for a cure.
4. Because its efficacy has been tested beyond all shadow of doubt, almost all over the world.
5. Because it is not at all a quackery but the only system of treatment based on sound scientific principles where medicine is quackery pure and simple.
6. Because it is a system which succeeds most wonderfully curing many cases of illness that have been dsclared incurable by the practitioners of other systems of medicine.

Such is the beneficial effect of communion with Nature for which *Bharthur Hari* as a strict follower of *Prakriti*, shows how this communion with the five elements besides being the means of good health is also the means of attaining the great enlightenment of "*TATVAJNAAN*" that makes the 'Soul' free from fetters of this World."

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All-India Ayurvedic Congress News

The Ayurvedic Approach
To
Personal & Mass Hygiene

By

VAIDYARATNA PT. SHIV SHARMA, AYURVEDACHARYA, *Bombay.*

(*Continued from last issue*)

Ritu Charya General Seasonal Routine

Ritu Charya consists of hygienic conduct during different climatic and seasonal conditions to avoid seasonal diseases and opidemics and to maintain a high standard of health throughout the year. This branch of hygiene appears to be exclusive to Ayurveda, since no systematic counterpart of it is met with in the other systems of medicine.

A year consists of six seasons : *Vasanta* (Spring-March and April), *Grishma* (Summer-May and June), *Varsha* (Rains-July and August), *Sharad* (Autumn-September and October), *Hemanta* (Winter-November and December) and *Shishira* (Snowfall-January and February). These months only roughly approximate the months of the *Bikram* Calendar.

Needless to say that these seasons represent the climatic conditions of the sub-Himalayan regions where the more important Ayurvedic texts were written—Taxila (*Taksha shila*) which was the main seat of medicine and *Kaashi* which was the main seat of the three branches of surgery. *Shalya* (general surgery), *shaalaakya* (surgery of the eye, ear, nose and throat), and *prasava vidyaa* (gynaecology and obstetrics).

The author in changing his home from Simla hills to Lahore and via the Partition, from Lahore to Bombay, has seen the application of this sixfold division holding good in his first home, partially holding good in his second home, and far from holding good in his final home. Adjustments in *Ritu charyaa* have therefore to be made to suit the different climatic and environmental conditions of different geographical units. However, a general seasonal routine is briefly described below to give an idea of the subject to those new to Ayurveda.

Vasanta (spring). Women desirous of offspring should conceive during the spring. She and her mate are in fullness of physical vigour and psychic wholesomeness and desire during this season. These conceptions shall mature for delivery during the *Hemanta* (winter, prior to snowfall), the ideal season for bearing any type of strain. Sweets and fats, particularly curds, should be avoided (or sparingly eaten) during the spring as it is the season

Submitted by the writer to the Health Panel of the planning Commission appointed by the Government of India at their meeting held on the 14th April 1951.

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for *kaphaic* disorders. Taking *neem* leaves or neem flowers for a week or a fortnight shall immunise a person against the *Vasantika rogas* (diseases prone to appear in spring—small pox, typhoid fever, eruptive fevers in general). Active life, long walks and brisk exercise; use of *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent) foods and, when desirable, emesis with salt and hot water or with *madanaphala*, shall help the people to avoid seasonal diseases and maintain good health and high resistance during the spring season.

Grishma (summer). Avoid sexual intercourse, dry, acrid, pungent and bitter foods, fasts, heavy and hearty meals, exposure to sun and hot draughts, going out of doors on too empty or too full a stomach, heavy exercise, and heavy drinking (of alcoholic drinks-*madyas*).

Characteristic diseases of the season are diarrhoeas and dysentries, cholera and digestive disorders, including those of the children. One should particularly guard the digestive faculty during this season. Barley, rice, *bilva* (aegle marmalos), milk, butter, *sharbat* of tamarind, *bokhara* (plum) and *falsa* (*purushaka*), butter milk, *sattoos* of rice and barley; and generally light, sweet, quick digesting and sparing diet make for a healthy routine in summer. *Arka* (caletropis) root bark, triturated with equal parts of ginger and pepper makes an excellent prophylactic and curative pill against cholera. *Tulsi* leaf juice and ginger juice spiced with camphor is another very effective remedy for cholera. Pomegranate juice, spiced with *karpurasava*, the wine of camphor, is a nutritious article of diet in cholera.

Varsha (rains). Avoid sexual intercourse, unboiled, dirty and unprotected water, too heavy, too light, too greasy or totally greaseless diet, *sattoos* in water, sleeping during the day, sleeping in open where the dew falls, water from streams and rivulete, heavy exercise, sun, bathing in unclean water, sleeping on the floor, living in low lying houses, unboiled salads and vegetables.

Characteristic diseases of the season are body odour, ringworm, itches and eczemas, boils and other skin diseases. The following are recommended:—Boiled water, honey in ample quantities, sour, saltish and greasy foods, old rice, old wheat (these are much easier to digest while fresh rice and fresh wheat cause fermentation and flatulence), barley, hot bath, living in upper stories of houses, lemon, green chillies and garlic. Perfumes should be used to neutralise the body odour.

Sharad (autumn). Avoid oils, curds, butter milk, dew (i. e., sleeping where dew falls), sleeping during the day. Characteristic diseases are *paittic* fevers, e. g., malaria. Just as the *vasanta* is the season for emesis, this is the season for purgation. Anti-*paittic* purgatives (ghees prepared by medication, infusions and decoctions of *chiretta*, *katuki*, *parpataka*, *senna*, *guduchi*, etc.; sweet, light, cooling, bitter foods, e. g., *shaali* rice, flattened rice, barley, wheat, prove salubrious. It is the proper season for fasts and pilgrimages.

Hemanta (winter). Avoid cold and exposure, too light foods (digestive faculty being at its highest pitch of efficiency during the

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hemanta, light foods are digested quickly requiring unnecessarily frequent feeding), cold draught and cold water. As it is a *kaphaic* season, *kapha-prakriti* persons shall be liable to contract coughs, colds and catarrhs, bronchitis, asthma, pneumonia, etc., during this season. Superb prophylactic, curative and tonic preparations for use during this season are *Makaradhwaja, Purna Chandrodaya*, and a host of other alteratives, including *chyavanaprasha*. Poorer people can resist these complaints by simply taking *gur* (treacle) and roasted ginger at bed time. This very simple recipe has an amazing capacity to raise the individual's resistance against the *kaphaic* disorders even amongst the *kapha prakriti* people who are particularly prone to them. One should take to the following:—

Hearty and heavy meals, plenty of corn, ghee, meat, milk, sugar, sugar cane juice, new rice, oil, black pulse, hot water baths, oil massages, heavy exercise, well protected rooms and houses, warm clothing, and sexual intercourse to one's content.

Shishira (frigid season, the snow fall). A more pronounced observance of the practices referred to in the season immediately preceding it, i. e., *hemanta* or the winter, is advocated. Sitting around fire is allowed and restriction on intercourse is lifted. Use of seasonal tonics is particularly recommended.

Ritu Sandhi (lit. the season-joint). While passing through the season-joints, i. e., during the periods when two seasons meet and a process of climatic change over is taking place, one's own change over in routine should be gradual, intelligent, and not sudden.

Mental Hygiene

Dr. Alexis Carral, the American Nobel Prize winner in surgery, in his inspired book "Man, the Unknown," has drawn our attention to the fact that the progress in modern medicine has failed to check the onslaught of mental diseases on the mankind. "While infantile diarrhoea, tuberculosis, diphtheria, typhoid fever, etc., are being eliminated, they are being replaced by degenerative diseases. There are also a large number of affections of the nervous system and of the mind. In certain states the multitude of the insane confined in the asylums exceeds that of the patients kept in all other hospitals. Like insanity, nervous disorders and intellectual weekness seem to have become more frequent. They are the most active factors of individual misery and of the destruction of families. Mental deterioration is more dangerous for civilisation than the infectious diseases to which hygienists and and physicists have so far exclusively devoted their attention."

In India, where the administrative machinery has not been able to intollectually free itself from the cordon of unilateral advice originally drawn around it by the British economy and politics, and has consequently been obliged to base its policy on an uncritical adoption of one set of principles and rejection without examination of others; a study of the unrest and dissatisfaction which are creeping into the minds of some of the pioneers in the vangaurd of the allopathic world will prove instructive and beni-

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ficial to all concerned. The fellowing statement of Dr. Carrel is particularly illuminating: —

"In the athletic teams of the American universities there are many individuals who are really magnificent specimens of human beings. Under the present educational system bones and muscles develop perfectly, America has succeeded in reproducing the most admirable forms of ancient beauty. However, the longevity of the men proficient in all kinds of sports and enjoying every advantage of modern life is not greater than that of their ancestors. It may even be less. Their tesistance to fatigue and worry seems to have decreased. It appears that the individuals accustomed to natural bodily exercise, to hardships and to the inclemencies of weather, as were their fathers are capable of harder and more sustained efforts than our athletes. Their nervous system is delicate. They no not endure the mode of existence in the large cities, the confinement in offices, the worries of business, and even the every day difficulties and sufferings of life. They easily break down. Perhaps the triumphs of hygiene, medicine and modern education are not so advantageous as we are led to believe.

"In spite of the immense sums of money", he goes on to say, "expended on the education of the children and the young people of the United States, the intellectual elite does not seem to have increased.....It seems that the excellent hygienic conditions in which children are reared, and the care lavished upon them in the school, have not raised their intellectual and moral standards. There may possibly be some antagonism between their physical development and mental size. After all, we do not know whether a large stature in a given race expresses a state of progress, as it assumed today, or of degeneracy.

"Intelligence, alertness, audacity and resistance to disease do not depend on the same factors as the weight of the body.....Why do hygienists behave as though human being were exclusively liable to infectious diseases, while they are also exposed to the attacks of nervous and mental disorders and the weakening of the mind ?"— Man the Unknown, Chap. 1, 4, 5.

Ayurvedic approach to mental health, as in the case of the physical health, is threefold, through drugs, diets and practices. The drugs include *brahmi*, *shankha-pushpi* (*medhyeshu sarveshucha shankhu-pushpi, i.e. shankhapushpi* excels in intelligence improving herbs), *vacha*, etc. This group has not been investigated so far as I know, by the modern experts. They have developed a number of very efficient sedatives, but while they soothe the mind and the body temporarily their basic effect on mind is far from intellect sharpening. Ayurveda looks with disfavour on basical non-curative, habit forming, and cumulative and toxic drugs. It appears that a parralel cannot be drawn at this stage between the *medhya* drugs of Ayurveda with any modern preparation, presumably because sufficient attention to this subject has not yet been paid by the moderns.

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Foods and mode of living. Satvic foods, or foods and drinks which build less excitable and less violent minds and promote higher qualities of the mind as against *Raajasic* (energy building, prone to contribute to restlessness of the mind) and *Taamasic* (antagonistic to energy as well as intelligence) foods and *Saatvic* modes of living and thinking are elaborately described in Ayurveda and its counterpart, the yogic living. It does not follow that all energising foods are *non-saatvic* or vice versa. Cow's milk is both energising and conducive to non-violent intelligence. Buffalow's milk is energising and fattening but not conducive to acuteness of intelligence. Of course, in making these comparisons, it is understood that all hereditary, social, physical, emotional, mental and educational factors are equal. Exclusive meat diet supported by alcoholic drinks is a typically violence provoking diet. It also tends to make for cruelty, selfishness and treachery. Continued heavy feeding, feeding on kandoori fruit, etc., shall lead to stupidity.

This triple (*saatvic*, *raajasic* and *taamasic*) approach is extended to the entire conduct of life. There is a co-ordination of drug diets and practices on the basis of the *tridoshas* and the *trigunas* throughout the Ayurvedic approach to the individual and the racial health problems. Dr. Alexis Carrel has demanded that a group of individuals be segregated from the influences of corruption and kept on a special diet and mode of living of the nature described above, so that a sufficiently benevolent unselfish, non-violent and disinterested element could be created to eradicate corruption (and unhappiness resulting therefrom) from the world administration. "Medical opinion on this point", he says, "is of little value, for no experiments of sufficient duration have been made upon human beings to ascertain the influence of a given diet. There is no doubt that consciousness is affected by the quality and quantity of the food."

The Ayurvedic hygienist has laid due stress on the mental, moral and spiritual health. As Carrel has aptly put it, "Artificial health does not suffice for hnman happiness." The health of the mind therefore should be reared, says Charaka, on *Jnaana* (understanding), *Vijnaana* (knowledge), *Dhairya* (tranquility), *Smriti* (recapitulation of suppressed and regressed memories) and *Samaadhi* (introspection and meditation). This is to be co-ordinated, of course, with corresponding diets, and if necessary, drugs.

There are certain yogic postures and practices conducive to physical and partially, even mental well being. The yogic directions of the art of relaxation of the body and the mind which the overworked and nervous citizen of today needs badly are fairly practical and can be followed with good advantage by average persons.

If required by the members of the Health Panel an exposition of the *tridoshas* and the *trigunas* and their mutual physical and mental interactions can be prepared as an appendix to this note which is mainly an introduction to the subject of Ayurvedic hygiene.

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Epidemics *(janapadodhvansana)*

Epidemics which visit this country more frequently, have already been referred to in the *Ritu Charya* or the Seasonal Routine. The following diseases, I believe, should continue to be handled by the moderns :—

Diphtheria
Small pox (in matter of prophylaxis only)
Cerebrospinal fever
Plague (prophylaxis)
Rabies
Syphilis
Gonorrhoea.

In the case of the last two diseases, the modern technique has recently been raised to a level of efficiency which at least to my knowledge, definitely excels the technique of other systems of medicine in this field.

A course of *Nimbaadi Charna* (Bhava Prakasha, *Pitta-jwara-adhikar*) and *Amrita Vatti* (*neem seeds, balsam, khurasani ajowan,* aloes extract and purified asafoetida in equal parts) is a useful prophylactic in plague. Excellent Ayurvedic remedies exist for syphilis and gonorrhoea, too, which can be used where modern facilities are not available.

Ayurvedic treatment for malaria—herbal infusions which can be made easily available to villages—is generally much more beneficial and far less toxic than the modern treatment. It is, in fact, totally non-toxic. Likewise, dysentries, cholera, measles, and eruptive fevers in general, skin diseases, influenza, etc. are treated very efficiently by the Ayurvedic physicians. These medicines suit the constitution of the Indian masses much better than quinine and other anti-malarial drugs, sulpha drugs and with the exception of penicillin, the anti-biotic drugs, do.

It may be stressed here that even the most potent and effective Ayurvedic drugs (with the solitary exception of the anti-syphilitic drugs) are non-poisonous, and what is more, utterly fool proof, so that they could be safely placed in the hands of the most ignorant of villagers. Reactionary drugs are tabooed. "The medicine which pacifies one complaint and lays the foundation of another is no medicine," says Charaka, "only that remedy is true which while acting favourably on the organism has no adverse reaction on it." Thus, while penicillin shall be a *bheshaja* (true medicine) according to Ayurveda, streptomycin and sulpha drugs shall fall in the *abheshaja* (undesirable drugs) catagory.

Eugenics

A list of men and women with such defects as should cause them to be debarred from procreation has been drawn up by Charaka (Sharira, Chap. VIII). Care, treatment, diet and routine for the mother and the child have been prescribed. Some of these drugs and foods excel their modern counterparts and can be introduced as an improvement on the modern technique.

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Co-ordination of Measures

Despite the skeptical attitude of the Central Health Department on the question of co-ordination and synthesis of the Ayurvedic and the allopathic knowledge, an absolutely perfected co-ordination of the two sets of health measures for mass hygiene in India is not merely feasible but very practical and should not take a small committee of three to five members more than four weeks to be completed into a workable scheme.

The Compatibility

In this connection it may be mentioned that the "soil" treatment is not incompatible with the "seed" treatment in the Ayurvedic texts. "Animalcules, without limbs, invisible to the naked eye", are described as causative factors by Vagbhata (150 A. D). As early as 600 B. C., nearly 2500 years ago, Charaka mentioned "animalcules, invisible due to minutenes."

The spread of infection is described in perfectly clear terms:—

"Through *prasanga* (company), *gaatra samsparsha* (body contact), *samyoga* (impact), *saha-bhojana* (eating together), *saha-shayyaa* (sleeping together), *vastra* (clothing), *maalya* (garlands etc.), *anulepanas* (cosmetics), many skin diseases, fevers, tuberculosis, diseases of the eye, and other contagious (*aupasargika*) diseases spread from one man to another". Sushruta.

Combined Remedies

Ayurveda gives preference to combined remedies as single drugs are regarded more toxic. Robson and Keele (Recent Advances in Pharmacology, J. & A. Churchill Ltd., London, 1950) have drawn attention to the greater advantage of combined drugs in the treatment of malaria. "What appears to be quite clear is that no single drug, given alone, is satisfactory for the cure of the established P. vivax malaria.....but combinations of drugs have undoubtedly given excellent results.....There is now no justification for using quinine alone in the treatment of malaria.....it has little or no effect in preventing relapses. "(Chap. VII)"

A resistance raising treatment can help to reduce first the need and secondly, the dosage of anti-bacterial drugs which, of necessity, must be poisonous in a majority of cases. Thus, drug toxemias and their injurious, sometimes highly injurious, after effects can be considerably or wholly cut down.

Personal

The foregoing material had to be rushed up within a very short time, in great haste, and under pressure of other heavy work. The information given represents practically one book—Charaka Samhita. My aim has been no more than to give a general idea of the subject of hygiene as viewed and handled by the Ayurveda to such of the members of the Panel who had no occasion or facilities to contact Ayurvedic teachings first hand. If the organisation to which it is submitted finds it useful and promising for the country which it has faithfully served for centuries under the most adverse and trying conditions, a scheme of mass education and mass

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hygiene can be formulated along these lines. The two lakhs of indigenous physicians, neglected, misunderstood and misrepresented, now serving lakhs of villages where the government medical aid is inadequate or non-existent, can be harnessed to the execution of this task. The Ayurvedic Congress shall be glad to place its organisation at the services of the Planning Commission for such help and co-operation as it can render.

NOTES & NEWS

Boards of Indian Systems of Medicine—are being set up in various States of India but in the absence of any co-ordination amongst them and their being not under one controling institution there are arising differences in objects, rules and regulations of these Boards and seeds of mutual discord have began to appear even at this stage.

The Governing Council of the Ayurvedic Congress strongly believe that these boards, although a step forward towards the progress of Ayurveda, are becoming a source of great dissension in the Ayurvedic world. Through these boards, a sense of discord regarding the standard of Ayurvedic education, knowledge and treatment amongst the practitioners of various States is being created, which is very harmful in the interest of the Science of Ayurveda.

Consequently, it is becoming difficult for a vaidya of one State to practice in another State and on account of the difference in the standard of education, one Vaidya of a State shall be finding difficulty in exchange of views with a vaidya of another State.

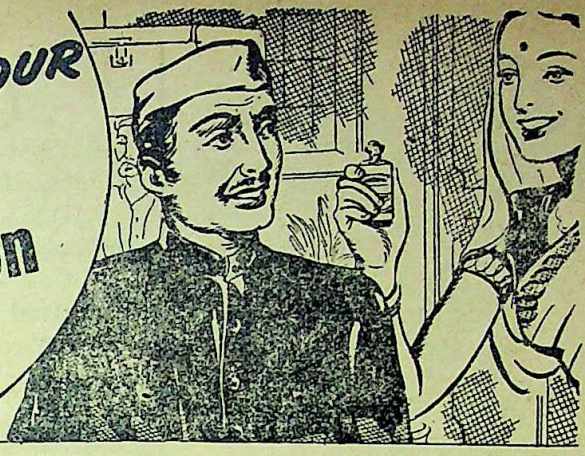
Keeping in view such and another difficulties of the same nature, the Governing Couucil of the Ayurvedic Congress urges upon the Government of India that immediately a central Directorate of Ayurveda as a Central Board may be established without any delay which shall regulate the rules of registeration of the Vaidyas and create co-ordination and similarity of the Ayurvedic teaching and research all over India. This Central Board shall determine the fundamentals of policy in the matter of Ayurvedic practice and teaching and the State Boards shall follow the same. The State Boards shall work, according to their special conditions and circumstances but within the principles chalked out by the Central Board. Moreover, the Central Board shall consist of the representatives of the State Boards. Further, a common register should be maintained of all the Ayurvedic practitioners of Bharat,

Ayurveda & Kashmir Plan—Jammu, March 5. For efficient working of Ayurvedic and Unani dispensaries in Jammu and Kashmir State, the Health Committee has decided to grade them into three classes according to the population served by each. The first class will have Vaids and Hakims with at least four years training in recognized medical institutions : the second class with three years training and the third class with four years' practical experience. The Government has also decided to train nurses and *dais* in Government hospitals in Jammu from the next financial year.

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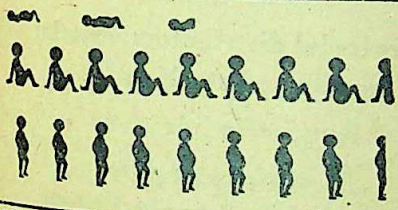
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THE JOURNAL OF AYURVEDA

Vol. 3 April, 1951 No. 4

EDITORIAL

Planning For Health

A friend has been planning to start a big limited concern for the last twenty years, without succeeding in doing so. He has become old and is now unable to run even a petty shop. Others of more practical mind, started with small capital which was within their means have now become big magnates in these twenty years. Now, they are sought for by everybody and are being offered managing directorship of high big concerns.

The fate of the friend, who in spite of his limited means, planned highly, appears to be one of the future planners in Bharat, specially those, who are planning the Health of the nation. Shri Jawahar Lal, the president of the present Planning Commission was also the president of another Planning Committee, which planned on papers profusely, without translating into practice even one hunderdth part of the plan.

The Health Panel of the Planning Commission met in Delhi a few days ago. The Panel was composed of about three dozens allopathic doctors and only one Vaidya. The Panel sat in camera and we are supposed to know nothing of what took place behind the doors, but a person having even a little common sense can understand the plan, which must have emerged from such a panel. The views of the Health Minister of Bharat are well known. She has often said that our international obligations in the matter of health require us to spend, as much as possible on allopathic system, which is the system of the whole civilized world. The President of the Planning Commission has allowed no occasion to spare, without remarking, that nothing which cannot be proved has any value in the eyes of the modern science, can be accepted. Then, about two scores of allopathic doctors, who with their one-sided knowledge of things, are unable to understand beyond their sphere of study, are sitting to advise the planners. These allopathic doctors have already committed themselves to the expensive allo-

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pathic degree colleges, which our poor country can ill afford to establish in adequate number.

This Plan has already been given by Bhore Committee. It is to produce one doctor for ever thousand of the population. Let us go into a little detail of this plan and calculate the financial aspects of the same. Our country has 362.16 million souls by the latest Census and the population is increasing very rapidly. Our doctor friends are opening Birth Control clinics with a great zeal, so that the increase in population may not go at a faster pace than the plans of our far-sighted Government. Admitting that the Birth Controllers will be able to stem the tide of increasing population of the country will need not less than 3,50,000 doctors to complete the plan as laid down by leading allopaths of the Bhore Committee. At present we have got about 47,000 doctors and we require 30,3000 doctors more. An allopathic college, spending about 200,000 of rupees per annum, leaving aside the initial capital investment, can produce about a hundered doctors every year. Thus, in order to have the full quota of doctors country will have to spend the astronomical figure of rupees 6,060,000,000,000, which is equal to the total income of Bharat for more than one hundred years.

The total number of 3,50,000 doctors can be maintained, taking the average life of a doctor in profession to be 45 years, i.e., expecting every doctor to live up to the age of 70, by educating 7777 doctors every year. Taking, as stated above, the cost of training of 100 doctors to be rupees 2,00,000 our Government shall require rupees 1,555,000,000 every year.

In this way, our Health Ministry, which is manned completely by allopathic doctors and the two scores of allopathic doctors of the Health Panel of the Planning Commission, cannot but be planning a white elephant to hang round the neck of our poor country. One Ayurvedic Pandit, must have been crying in wilderness, being one against forty.

The allopathic planners for health do not want even diploma holders in allopathy. They want only first class M. B. B. S. to survive, with exclusive rights of thrusting sulpha drugs down into the throats of 360 millions of their ignorant brethern.

God save us from such planners. It looks as if these noble friends are going to pawn our country in order to buy sulpha poisons and sharp knives and scissors to cut the throats of their emaciated countrymen.

For once the Health Minister of Bharat is reported to have had asked an Ayurvedist, as to what he wanted them to do. If it is true, that such a question had been asked, seriously, and earnestly, we must feel that the question is none the earlier. Ayurveda has a plan and its plan is neither so cumbersome nor so expensive as that of allopathic doctors is. We, who are the sons of the soil know, quite well, as to what do we want and how to procure that.

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To serve the health needs of the country, we shall outline in some next issue of the journal the Ayurvedic plan. Here we want to give a few points of the scheme.

Ayurvedic plan for Health Services of the country is not to provide one practitioner per thousand of the population, but to make our people strong and able to stand the rigors of life, so much that they may stand in need of one physicians for not less than a million of the population. It is not so much the number of physicians that will indicate the standard of health of the people. but on the contrary it will be the number of people, who will not require the help of physicians. This is the real sign of the progress of the health of the people. We shall write in detail on this point in our next issue.

The object of the Ayurvedic plan for health of our people will not be to find money for importing the largest possible consignments of medicines, but to conduct research in indigenous medicines which we shall have to find out highly efficacious medicines that can be manufactured easily, without any complicated process and machinery. It is only the Ayurveda which can help the population of the country in this direction;

The object of the Ayurvedic Plan is to train a large number of Vaidyas, who after taking full advantage of the latest researches shall go to the country side and shall place before the people the ideal of services and sacrifice. They will form an army of mechanical physicians. These physicians will be diploma holders. They shall be given a good back ground in practice and very little of unnecessary theory. Instead of preparing every body a research student, an original writer or an eminent teacher, we shall have a large number of practical practitioners. It can only be possible in a science which is as accurate, systematic, and classified as Ayurveda is. Allopathy is sure to fail in such an arrangement. Ayurveda is as accurate as mathemetics,

May God give light to our wise omniscient planners.

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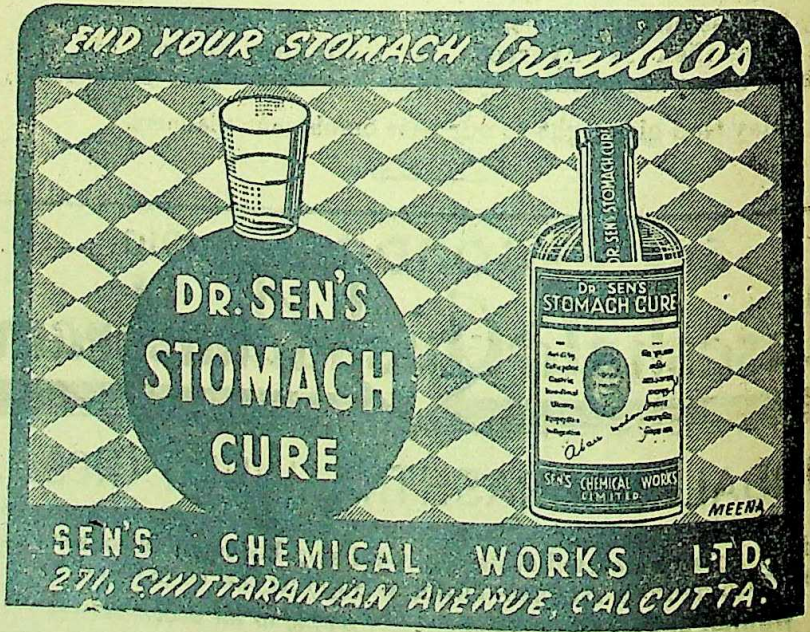
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Indian Dietetics in Health & Disease

By

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As diet is an essential factor in the maintenance of health, so it is in the management of a patient. Rather its importance in disease is more pronounced than that of medicine. For diet in disease has a double purpose. Besides its normal function of furnishing nutrition to the tissues, a properly selected diet assists the medicine in the rapid cure of the disease. It is not uncommon that patients sometimes succumb not to faulty medicine but to faulty diet. It is for this reason that the propounders of the indigenous system of medicine, emphatically laid equal stress on (1) Medicine (2) Diet and (3) Movements of the patient(*Ousadhi*, *Ahara* and *Vihara*). Not medicine alone but this 'Triad' should be the physicians, 'Forte'.

Angles of Estimating the Value of Diet

We have far advanced in making threadbare investigations into the constituents of food stuff and estimating the protein, fat carbohydrate, vitamin and caloric values and so on and so forth. The value of these bio-physical and biochemical estimations is no doubt a tremendous gain but there is somthing more, the knowledge of which our ancient physicians gathered (if not through revelation, as the more orthodox school would believe) through experience and experiments. Their empirical knowledge coupled with modern advancements will undoubtedly broaden our field of wisdom. We can then see light in what was so long deemed as dark unexplained corners. Items of food of the same constituents may not necessarily have the same properties (*Guna-Virya Rasa* etc.) and it is the properties which are the correct guide to the selection of diet. Modern books, on Western Medicine are lacking in this conception which our ancient physicians had. We try in vain to find in those books, the diet suitable to the Indians and it is an irony of fate that physicians practising in India should not have a thorough knowledge of Indian diet as laid down in ancient texts. Feeling that such an exclusive treatment of suitable diet in diseases for the Indians is a desideratum, I have endeavoured to gather all available materials scattered all over in piece-meals. But the task was not so easy since to the ancient physicians of the indigenous system of medicine, diet did not form a separate aspect, it is inseparably connected with medicine. Hence we come across preparations of medicated diet and medicine in the form of diet.

Negative Phase of Diet

This is the positive phase of diet. The negative phase of it (contra-indicated diet) has been equally stressed upon, for they

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realised that abstinence from particular types of food in particular disease was of greater importance than mere prescriptions of medicine and diet. Let me illustrate this with examples. Take the case of a patient with the following symptoms—a feeling of warmth within i. e. burning in micturition, cutaneous erruptions, haemoptysis, heamaturia, haematemesis and other haemorrhages and haemorrhagic diseases. This assemblage of symptoms taken in whole or in part is characterised by derangement of the physiological *Pitta* (*Pitta Vikaara*). *Patola*, leaves of *patola*, *Kaaravella* (*karela*), *Neem*, *Hilmochika* (*Hincte*)—Grapes both wet and dry (*Kismis*), Dates (*Khajura*)—in short the *Pitta Naasaka Varga* (those that pacify the excited *Pitta*) which are either bitters (*Tikta Rasa*) or *Sheeta Virya* or both are indicated in such a condition. On the other hand, the pungent stuff like the chillies and spices, strong liquor, acids and others having acid reaction aggravate the said group of symptoms, they are *Pitta vardhaka* and as such contra-indicated under the above conditions. This negative phase of diet which I have just described cannot be well understood by one who is conversant with only the main physician and chemical constituents and not with the *guna*, *rasa*, *virya* and *vipaak* of the materials concerned. Take for instance the case of orange. It is generally indicated where ascorbic acid is wanted. But taking consideration of its "*Sheetavirya*" i. e. *Kapha-Vardhaka* property, it cannot be prescribed for a case with *Kapha-prakopa* (acute inflammatory stage) even if the said vitamin is indicated. This subtleness can never be explicit even to the intelligentsia without thorough knowledge of Ayurvedic philosophy and it is here that sometimes the physicians of the eastern and the western systems do not agree.

The Same Diet Adapted to Different Conditions

So in determining the diet it is not the disease alone which is of primary consideration. The patient's '*Prakriti*' characterised by a group of symptoms has to be thought of first. Thus for a febrile patient milk is generally indicated. But it is contra-indicated if the disease is in its acute stage or if there are signs of cold, cough with expectoration, corrhyza, running of the nose, feeling of heaviness of the body in short where there is *Kapha-Prakopa*. It is again highly recommended in all chronic fevers provided there is no diarrhoea. It is this distinction which was a speciality with those physicians. They were also distinguished for the knowledge of modifying the action of food factors by physical and chemical process an art worth adopting by us. Take the instance of milk which I have just described. Where milk as such is contra-indicated they could convert it by modification (*Sanskaara*) into one suited to the occasion. By boiling the milk with *Pippali* and *Shunthi* (*sonth*) it can be prescribed with good advantage even where there is *kapha-prakopa*. In similar ways milk can be made to coopt new properties or can be freed of some of its own properties which are not desired to be given. These will be separately discussed in the chapter on milk.

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Specific Diets

The best example of the medicinal value of diet is in the milk which is the sole diet in dropsy especially in ascitis. It can be said to be the medicine rather than the diet. For it has been seen that cases kept entirely on milk regime give prompt and very good response whereas simple medicines without milk regime are not so effective.

Similarly, *Takra* (acid milk) has association with *Grahani* and *Arsha*; goat's milk with *Raaja-Yakshma* (T. B.); ghee or fat with epilepsy, insanity and mental diseases; *Surana* with *Arsha*. Similarly particular items of food are closely associated with particular diseases to be discussed in the respective chapters.

It has to be admitted that if scientific analysis fails to explain anything it is not always useless. In the contrary it has been found that some drugs have proved to be of pharmaco-logical and therapeutic value when tried on men but laboratory experiments did not furnish satisfactory results.

This is what they explained as *Prabhaava* (innate power) of the *Dravya*. Susruta names this as *Amimaansya* and *Achintya*. This subtle virtue of things that sometimes baffles scientific analysis is a peculiarity (comparable to the Homœpathic science) with the indigenous system and this can be demonstrable in the case of several medicinal preparations. However that forms a different chapter altogether and let us return to our topic concerned.

Diet in Health—*Saatmaya Aahara*

We should have discussed Diet in Health first for they say that one does not succumb to any disease if one strictly observe the Laws of Diet (*Pathya*) and does not keep away from the Laws of Nature. This preventive aspect of treatment brings us to the discussion of what they call *Saatmya Aahaara* (which may be roughly translated as favourable diet). In order to understand this fully, certain terms like '*Desha-Saatmya*', *Kaala-Saatmya, Prakriti-Saatmya* or *Oka-Saatmya* have to be explained. There cannot be any diet which can claim universal application. It should vary with the place, the climate, the soil, the environment and *Prakriti* of man.

Food or diet varies according to the difference in the soil. The soil in a man of India is greatly different from that in an European or a Russian or a South-African. Even in the same country the dietetics vary from province to province. Thus to the people inhabiting the marshy water-lands (*Anup Pradesha*) bordering sea-coasts, one type of food is customary. The same does not suit the dwellers of the interior (*Jaangala Pradesha*). Accordingly they have classified food commodities as *Anupadeshaja* or *Jaangala deshaja* and so on.

Nature is so logical, considerate and economic judge that it provides for all the necessaries befitting time and place. The

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growth and production of a particular area are such as are favourable for the health of the people of that area. A Punjabi or a Kabuli would easily digest nuts which grow there but these will not be digested with the same ease by the Easterners whose power of digestion is weaker (*Mandaagni*) by nature. In the temperate climatic zone of the east, high caloric diet which is absolutely necessary in the extremely cold region of the N. W. F. P. will do more harm than good.

To put in the words of the ancients, a man with *Tikshnaagni* will not do well with a diet which is light (*mridu*) and conversely a light-diet which is most suitable (*saatmya*) for a man of *mandaagni* will reduce the health of an individual with *tikshnaagni*. The easterners are not *tikshnaagni* people and for them *tikshna* diet (of high caloric value) of the west is not suited. Thus I have tried to explain in short the implications of the term (*deshasaatmya*).

The next point of consideration is the suitability of diet according to the change of seasons (*kaalasaatmya*).

One type of diet is not the right diet for all the seasons. The seasons of India have been divided into six divisions, though the distinctive feature of all is hardly appreciable all over India. It disappears as one goes more and more to the west. But the difference of six seasons is more or less pereivable towards the East of India. Anyhow, we are not concerned with that at present. What diet is popular in which season will form a different chapter; but let me allow here to impress upon this point that if strict adherence to these injuctions is observed there is the least chances of falling ill as thereby the equilibrium of the body metabolism (*dohasamaata*) will be maintained. Thus the *Ritusaatmya* diet is a great factor in the prevention of disease an aspect of the maintenance of health on which great stress and importance was attached by the ancient physicians.

By *Oka-saatmya* is implied that type which suits the system of the man concerned. One is said to be of *vata prakriti* when one is lean and thin with sunken eyes, prominent veins, dry fissured skin, one who avoids cold and is of irritating temper and fickle mind. A man of *pitta prakriti* has always a feeling of burning within; he naturally avoids heat, often gets cutaneous erruptions, perspires profusely. Is a voracious eater, and bit arrogant but intelligent and with a comlexion and eyes tinged with copper-colour. One with *sleshma prakriti* is usually flabby, fatty and handsome to look at, steady and enduring by nature, of strong and stout build, with white eyes but a bit lethargetic and with a constant tendency to sleep when the symptoms are mixed together the individual is said to have mixed *prakriti*. But he is to be grouped into that category whose maximum symptoms predominate.

Diet and *Prakriti*

For a man of *vata prakriti* such diet is usually prescribed as will keep down the *vatik* symptoms rather than aggravate them

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(*vata shaamaka*) and for him such things as would intensify those inherent symptoms are contra-indicated. Similarly the case with other two types. This distinction of diet even in health based on the humoral theory is a peculiarity with the Indian system of medicine.

When we discuss the innate nature (*prakriti*) of a man on the basis of the '*Trigunas*'—*Satva, Rajas, Tamas* then too the question of differentiation in diet arises. Here the criterion is the mental health of the man, shaping his mode of living, the habits and manners and other practices to which he has become used. Thus one who leads the life of an ascetic a very simple and purely vegetarian diet and detached from the humdrum routine of life is said to have *satvika prakriti*. For him the usual diet of a *raajasika* or a *Taamasika prakriti* will act as a poison, on the contrary a *satvika* diet will not do for a *Raajasika prakriti*, one who is used to an active life with active habits and rich diet. It will under nourish him and lower his vitality.

I think I have tried to make myself clear about the meaning of what they call *Saatamya Aahara* and I have also said that a diet is benefical only when it it *saatamya*. In this respect human beings have been grouped into three categories. One who is used to taking all types of diet (of all possible tastes like sweat, pungent, bitter, sour, salty, alkaline) is said to be of the first order (*Uttama Satamya*) among the various types. One who is accustomed to taking most of those types of food belong to the second or the medium (*Madhyama Saatamya*) category. Those who belong to the lowest category are in the habit of taking only one type of *Rasa*. Thus, for the sake of their health in order to allow the system to secure all its requirements men should endeavour to accustom themselves to gradually taking all the various types of diet so that in course of time they may be promoted to the highest class. Still one has always to keep in view the temprament and the predominant *dosha* of the individual because diet with particular *rasas* bears definite relationship with the increase or decrease of the *doshas*. Thus a *Pitta Prakriti* is always advised to take the bitter among food such as *Patola, karabella* and others.

Relativity of Diet

No article of diet can be earmarked as absolutely conductive. The usefullness or otherwise depends on a number of factor— the quantity, the time, the season, the source, bio-chemical and bio-physical changes which it undergoes through influence of heat in the process of cooking, the individual system, the *dosha* and the age of the man. If the dose is over or under, even a useful diet is deterimental. *Rakta-shaali* a kind of rice is highly conducive and good. But in *Hemanta* season months of October and November—when appetite is keen (*prabalaagni*), this variety of food will be too light. Heavier diet, meat of animals of *anupddesha* (sea-side lands or watery lands), fats, sugar and new crops (which are usually heavier than the old ones) is prescribed in this season. The explanation given is this. Due to extreme cold outside, the

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loss of internal heat is much less with the result that the *Paachaka-agni* gets intensified and becomes capable of digesting more than at other times. If the food taken at this season-both qualitative and quantitative, is not adequate there is *vata prakop* leading to gradual wastage and loss of strength and vigour. I have discussed much on this point which will be discussed in detail in the chapter on diet in different seasons (*Ritu Charya*). Let us turn over to our point of discussion. The same *Rakta-Shaali* is not so useful when it is grown in the *Anupa Desh* i. e. in the dampy marshy soil of the coastal regions. If it is cooked badly then too it losses its utility. It is not useful to the fatty persons for as it is *laghu* (light) it will all the more help accumulation of fat. As it aggrevate *Vayu* it is not to be prescribed if that be the predominant *dosha*.

Thus it is the right application of diet which makes it goods or bad, useful or harmful. To speak in general that diet is right which maintains equilibrium of the *doshas* or correct the disturbance of that equilibrium.

The Best and the Worst of Their Types Among Some Classes of Food

Still there are some selected ones which in their respective group are of the highest order and these need mentioning. *Rakta shaali* is the best among the *Shukadhaanyas*, the *Munga* among the *Shaalii-dhaanyas*, the rain-water among the waters, the rock-salt among the salts, the *Jivanti Shaaka* among the leafy vegetable, the flesh of Ana dear among the meats. the flesh of *Lava* among the birds, the *Rohita* fish among the fishes, cow's milk among the milks, the ginger among the tubers, the grapes among the fruits and so on. The corresponding counterpart i. e. the worst among the same groups are *Yavaka* among the *Shukadhaanya*, *Maasha* among the *Shaalidhaanya*, the river-water in the rainy season among the waters, the mustard leaf among the leafy vegetables, cow's flesh among the meats, the sheep's milk and the ghee prepared out of it, among the milks and ghees, radish among the tubers.

The following is a list of food-materials—the best among different groups having different actions.

Anna (we may interpret this as solid food mainly rice and bread) is the foremost among those that are responsible for the body maintenance, water among those that give relief, wine among those that remove fatigue, milk among those that furnish *Jivaneeya dravya* (lit life factors, vitamins), meat among those that promote growth (*Vrinhaneeya*) meat-juice (*mansa-rasa*) among those responsible for the recoupment of lost health (*tarpana*), salt among those that make food palatable, the sour (*amla*) among the cardiac stimulants, the flesh of chicken among food factors that give strength and vigour, the semen of crocodyles among those that promote the power of reproduction (*Vrishya*), honey among those that keep down *sleshma* and *pitta*, ghee among those that

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pacify *vata* and *pitta*, oil among those that keep down *vata* and *sleshma*, the alkalies among those that reduce the power of reproduction, the ghee prepared out of sheep's milk among those that bring about cardiac damage, goats' milk among those that prevent gradual wastage, and emaciation of body and also the best among the galactagogues, sugar-candy among the diureties, barley among those that help formation of stool (*purishajanaka*), *kulatha* among those that bring acidity. This is only an abridged list of representative food-materials having different actions.

Incompalibilities in Diet

Incompatibilities are more talked about in the field of medicine. But it is not less important in respect of diet. And we must be conscious of this fact since incompatible diet may do equal harm as incompatible medicines. Among those some are incompatible by possessing contradictory properties, some by combinations, others by chemical changes, some through the influence of place, climate or dose while there are some which are naturally so. For example—milk and fish are incompatibles and as such should not be taken together. Their *viryas* are contradictory—one is *sheeta-virya* and the other is *ushna-virya*. Taken together, they disturb body-metabolism and affect the haemopoetic system. Meat should not be taken with any one of the followings—honey, seasamon, molasses, milk, *maasha* or will lead to deafness, dumbness or blindness or even death. One should not take milk after taking radish (*mulaka*), garlic, *shahajana*, *Tulsi*, for this may cause skin disease.

Honey should never be put to heat. Hot Honey may even cause death nor should warm water be drunk before or after taking honey. Honey and ghee should not be taken in equal proportions.

Alcohol and *Krisara* (*Khichari*) or *Paayasha*, (preparation of rice, milk and sugar) should not be taken together. Ghee kept in bronze vessels should not be taken. The meat of *Kapota* (*Kabutar*) fried in mustard oil is forbidden. These incompatibles cannot do much harm if the quantity to be taken is too small, the individual taking them has his power of digestion very sound or accustomed to physical exercise.

Mode of Adoption of New Diet in Place of the Old One

One can if he so desires rectify his habit of taking a wrong or faulty diet by following a technique discussed below. Habits abandoned all of a sudden may lead to injurious results. So they should be modified in gradual course. At the first sitting only one fourth of the total quantity of the undesired food should be abandoned and replaced by that quantity of the desired one. At the second sitting, this change should not be observed. At the third time, half the quantity of the undesired thing should not be taken but that half should be replenished by half the quuantity of the desired food. At the fourth and the fifth sittings the entire

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old regime of the undesired food should be taken. This should be followed next time by substitution of three fourth of the undesired stuff with the desired one. At the seventh, eighth and the ninth time, no change to be made. Finally at the tenth time the entire diet is to be replaced. This is the way prescribed for the adoption or rejection of habits.

Factors Regulating the Dose or Quantity of the Food to be Taken

The Regulation of diet depends upon the quantity of the food (*dravya*) and the digestive capacity of the person taking it. A person with sound *agnibala* (good power of digestion) i. e. a *Tikshnaagni Prakriti* or *Pitta Prakriti* can or should take greater quantity of the same food which one with opposit qualification can take.

Guru Dravya (that which is *abhishyandi* and *sleshma-prakopaka* i. e. fatty and heavy to digest) is to be taken in reserved and restricted quantity by all and the more so by one with impaired or low power of digestion. Still their is a general rule defined for this. In the case of *Guru Dravyas*, three fourth satisfaction (*Tribhagya Tripti*) in case of *Ati-Guru Dravya*, half satisfaction (*Ardha-tripti*) and in the case of light diet (*laghu dravya*) full satisfaction (*Tripti Paryanta*) can be observed.

Similar distinctions have been made with regard to the food if it is solid, liquid, or semi-solid. One third the capacity of the stomach is to be filled with solid material one third to be reserved for liquid food and the remaining third to be left vacant for the free working of the three *doshas*, the *Vata*, *Pitta* and *Kapha*. (vide *Trividha Kukshiya* Vimana. Charaka). This is only a quantitative and imaginary estimate apportioning the stomach into three parts. The best estimate of the quantity of diet to be adopted is that in which "there is no feeling of heaviness in the stomach, the heart is not embarrassed, there is satisfaction of hunger and thirst, the sense organs can work properly even after taking food, in which there is no uneasiness is sitting or getting up, in walking and respiration, there is digestion on the food in the morning and evening characterised by hunger and the desire to take food."

Charaka.

Indication of the Digestion of the Food Taken

"Along with the feeling of thirst and hunger, there is a feeling of lightness of the body, a feeling of fragility following free motions and urinations"

(*Yoga Ratnakara*)

Food—When to be Taken and When not to be Taken

All critics unanimously agree on the point that the best time for taking food is that when one feels the hunger (of course not the false hunger as observed in some diseased conditions) and

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whatever be the hour, hunger must be satisfied if no wastage of the tissues (*Dhaatus*) is to be desired. What is of more importance is when food is not to be taken. On no ground should two meals be taken within four hours (*Yama*) since within that period the digestive enzymes had already functioned in digesting the food taken and new enzymes have not as yet formed (Cf. *Yama madhya arasotpatti-Bhava Prakash*). One should not remain without food for more than eight hours (*Yama Yugma*) for then the wastage of the tissues begins to work.

Let me here explain certain technical terms used for the faulty in take of food.

Faulty Intake of food

Samashan —Taking together of food indicated and contra-indicated, desired or undesired for the individual taking it. *Vishamaashan*—"Intake of food over dose or under dose, when it is not yet time for taking it or when the time has long passed." *Adhyashan*—Taking of food at a time when the previous meal has not yet been digested.

They have made one important observation with regard to difference in the intake of day meals and night meals. Night meal can be taken even if the day's meal is not digested but not vice-versa. The reason thereof lies in the fact that during day time all body functions are active due to the movements of the body. All the channels, circulatory and lymphatics and the secretary mechanism of the body are in tone. Whereas these are not so in the morning after the lazy inactive hours of the night. So if the night's meal is indigested subsequent meal is not to be taken in the morning. This they have explained with a similie. Just as if fresh milk is added to a quantity which is not acidified or curdled it remains as such but if the same quantity of fresh milk is added to a specimen which is already acidified (*vidagdha*) it gets curdled.

The Effects of Non-observance of the Rules and Regulations of Diet Intake—Auto-Intoxication

Excessive intake, inadequate intake, irregular intake (*Visha-ma bhojana*) intake of incompatibles—all these lead to the dys-function of the *paachakaagni* (impairment of the secretion of the digestive enzymes). Thus whatever is taken in, even if it be light, is not digested and leads to the formation of a toxin (*Visha*) (auto-toxin) *Grahni Chikitsa* Charaka. This has been explained as the root of many diseases. This is clearly a reference to the auto-intoxication theory of the present day.

Conclusion

I may close my chapter by quoting the ovservations on Research in Dietetics from the Report of the Committee on Indigenous System of Medicine published by the Ministry of Health, Government of India in the year 1948.

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"The subject of nutrition has been for several years the concern of most countries of the world. We are still far from evolving any Indian dietary on modern scientific basis. Though modern scientific medicine has been with us for over a hundred years, we have not yet evolved a dietary suitable for those with vegetarian habits either in acute illness or during the stage of convalescence". We whole-heartedly endorse these remarks of D. Jivaraja N. Mehta, except that we would like to add that even a dietary for non-vegetarians has not yet been worked out. We would have expected that this would be the first step in the morning out of a proper dietary by the adherents of the western medicine.

As against this, there is a great amount of knowledge of dietetics in books on Indian Medicine and what is more, enshrined in the practice and lore of the country-side. As Dr. B. G. Ghanekar has observed" Ayurveda attaches very great importance to *Pathya* (diet) in the treatment of disease. At the end of every disease, elaborate directions for the observance of *Pathya* are given. The position of *pathya* in treatment can very well be compared with the position of the soil in the etiology of diseases as can be gathered from the following observations in regard to *Pathya* in *Haarita Sammita.* A patient should always observe *Pathya* (diet); without *pathya* disease cannot be cured. Without medicine a good physician can cure a disease, with the help of *pathya* only, but without *pathya* a disease cannot be cured with hundreds of medicine (A Comparative Survey of Ayurvedic Nosology by Dr. B.G. Ghankar).

The subject *Pathyaa-pathya* (*ahaara*) or dietetics in health and disease, has been developed almost to a fine art in Indian Medicine. In the texts and traditions, dietary has been worked out for the diseases in their different stages. The approach to the subject has however been different from that of western medical science. It is based on the assumption that living individual is not merely a material entity but has mind and soul as essential parts of him. The problem of his nutrition, therefore, is not only a question of physics and chemistary of calories and vitamins but has psychological aspects also. In other words, food has a very important bearing on the mind and temperament of the individual. Accordingly certain diets are suitable for the growth of intellectual qualities (*Satvika*) others for that of Dynamic qualities (*Raajashika*) and still others for that of static qualities *taamasika*). The truth of this is being increasingly realised now in the west. There is thus a vast field of accumulated knowledge and experience that awaits further exploration".

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Studies in Ayurvedic Medicines

By

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Part—VII Swarnmakshika (*Chemistry & Physiology*)

In part—VI of this series the chemistry of *swarmakshika* has been discussed. The most important constituent of this ore is iron which is present probably both in the ferrous and the ferric state. Iron has a very important role to play in human system. Iron in the form of haemoglobin in the red blood corpuscles transports oxygen to the cells for combustion of energy bearing foods and carries away carbon-dioxide so that cell activities may not be inhibited by the accumulation of the products of combustion. Iron is also an essential constituent of a respiration enzyme which enables the cells to take up oxygen when needed.

The daily requirement of iron for an adult is a minimum of 8 to 10 mgm. For children the requirement is 1/3 to 1/4 of a mgm. per day per lb. of body weight. A large proportion of ordinary diet contains iron and normally the supply of iron thus obtained is quite sufficient.

When iron is given medicinally, all salts of iron are converted into ferric chloride. If given in excess, or if the hydrochloric acid in gastric juices be deficient, iron acts directly as an astringent upon the mucous membrane of the stomach wall. In the intestine the ferric chloride becomes changed into an oxide of iron, the sub-chloride is converted into a ferrous carbonate which is soluble. Lower in the bowel these are converted into ferrous sulphide and tannate, and are eliminated with the faeces. (Encyclopedia Brittanica Vol. 12, p. 648)

In Ayurvedic practice *swarnmakshika* is not administered as such. It is used in the formof its *bhasma*. First of all the ore is purified. There are four methods of purification described in *Rastarangini*. It was found that the essential of these methods is treatment with acidic juices and roasting. The ore is first crushed and powdered and then treated with various kind of juices. When the purification process is over the *bhasma* is prepared. It is usually prepared by treatment with lemon juice, castor oil and lemon juice, or *Kumari* juice. On analysis of these processes it is found that the chemical reactions which take place essentially result in the following changes : (i) the iron content is increased, (ii) the sulphur content is diminished and (iii) trace elements like calcium, phosphorous and magnesium are added from the organic residues. Table No. 1 records the change in iron and sulphur content on these treatments.

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Table No. 1

TREATMENT	BEFORE TREATMENT		AFTER TREATMENT	
	Iron %	*Sulphur* %	*Iron* %	*Sulphur* %
I. Lemon juice treatment				
Sample 1	43.66	51.63	64.15	0.65
Sample 2	44.76	52.63	65.25	0.56
Sample 3	44.21	51.82	64.40	0.72
II. Castor oil–lemon juice treatment				
Sample 1	43.66	51.63	64.51	0.76
Sample 2	44.76	52.63	62.67	0.36
Sample 3	44.21	51.82	63.80	0.68
III. Kumari juice treatment				
Sample 1	43.66	51.63	61.37	0.72
Sample 2	44.76	52.63	63.11	0.65
Sample 3	44.21	51.82	62.10	0.90

NOTE—Analysis of samples 1 and 2 is furnished by Late Vaidya Panchanan Gangadhar Shastri Gune of Ayurvedashram, Ahmednagar.

During this treatment the iron which is present as sulphide in the ore is converted essentially into various oxides depending upon the period of roasting. The ultimate result is a fine powder of reddish colour. Chemically this powder consists of a mixture of oxides of iron with red oxide predominating along with elements like calcium, phosphorous and magnesium in traces, Chloride and phosphate radicals have also been found to be presentin traces in the prepared *bhasma*.

It is suggested by the author that in all probability the trace elements introduced on account of treatment with vegetable juices make the iron more assimilable in the *bhasma*. These elements are those which are commonly found in the vegetable juices and are needed by the human system in small amounts. It has been pointed out earlier into this paper that in the intestine the ferric chloride changes into an oxide of iron. In the *bhasma* it is already present in the form to which most of the iron salts given medicinally are reduced to in the intestines. This is perhaps the reason why the administration of the *bhasma* does not very much upset the gastric functions as is usually the case with allopathic preparations of iron.

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Tridosa vs. Tridhatu

By

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Dosa, Dhatu* and *Mala* qualities of *Tridosa:—The three *dosas* are called *dosas* because when vitiated and become of unbalanced equilibrium, they cause disease. They possess not only *dosa* qualities but also *dhatu* and *mala* qualities too. They possess the *dhatu* qualities when they remain in their normal state in their normal site and in normal proportion thus causing support to the body by regulating all physiological functions. They assume the *mala* qualities when they become vitiated and thus require to be expelled from the body as injurious or waste materials.

Vayu, Pitta* and *kapha* as *dosa:—They not only control and support the body, they also destroy it when vitiated. Caraka says, the *dosas* of the body are collected as *vaya, pitta and kapha.* They are the cause of diseases C. S. 1/29[1]. Susruta says, they act as destructor when vitiated. S. S. 21/3[2]. Vagbhata says, *dosas* are the only factor for causing disease. AH. S. 12/3[3]. He says further that the disequilibrium of the *dosas* is disease and their existance in the state of equilibrium is cure. AH. S 1/.9[4] Sarangdhara says, they are called *dosas* as they vitiate the body, Sarng Pur. 5/21[5].

Vayu, Pitta* and *kapha* as *dhatu:—Susruta says, this body is being supported by them just as three sticks when placed against one another can support themselves as well as any load placed on them. For this reason some call them *'tristhuna'* (three posts). S. S. 21/2[6]. Susruta says further, the body does not exist without *kapha, pitta* and *maruta* as also blood. The body has always been supported and preserved by them. S. S. 21/4[7]. Similarly throughout the Ayurvedic literature they are considered as *dhatus* as per the derivative meaning—they are called *dhatus* as they support the body.

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[1] वायुः पित्तं कफश्चोक्तः शारीरो दोष संग्रहः—च० सू० १।२६

[2] त एव व्यापन्नाः प्रलय हेतवः—सु० सू०—२१।३

[3] दोषा एवहि सर्वेषां रोगाणामेक कारणम्—अ० हृ० सू० १२।१३

[4] रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता—अ० हृ० सू० १।१६

[5] शरीर दूषणात् दोषाः—शा० पू० ५।२१

[6] चातुपित्तश्लेष्माण एव देह सम्भवहेतवः, शरीरमिदं धार्यतेऽगारमिव स्थूणाभिस्त्रिभिरतश्च त्रिस्थूण माहुरेके—सु० सू० २१।२

[7] नर्तेदेहः कफादस्ति न पित्तान्न च मारूतात् शोणितादपि वा नित्यं देह एतैस्तु धार्यते—सु० सू० २१।४

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***Vayu, pitta* and *kapha* as *mala*:**—Caraka says,.....vitiated *vata*, *pitta* and *kapha* and any other substance in the body which produce injury to the body, all are termed as *mala*. C. Sh. 6/10[1]

From these we find that the three *dosas* possess the *dosa* qualities, *dhatu* qualities and also *mala* qualities. For this reason, they are called by the terms *dosa*, *dhatu* and *mala*. Thus, Bhavamisra says, they are called *dhatu* as they cause support, they are called *mala* as they cause pollution of the body, they are also called *dosa* by the learned as they vitiate *rasa* etc.

Bhavaprakash—Pur. 1[2]. Sarngdhara also reproduces this by saying.—*vayu*, *pitta* and *kapha* are called *dosa* as they vitiate the body, *mala* as they cause pollution and *dhatu* as they suport it. Sarng. Pur. 5,9.[3]. Of all these conditions of vitiation (*dusana*), support (*dharana*), and pollution (*malinikarana*), the action of vitiation is the most pronounced hence they are termed as *dosa* instead of *dhatu* or *mala*.

Tridosa vs. *Tridhatu*

It has just been realised that the three *dosas* possess the qualities of *dosa*, *dhatu* and *mala*. This brings us to the question whether the three *dosas* are to be termed *tridosa*, *tridhatu* or *trimala*. Ayurvedic literature always insists that when in normal condition they act as *dhatu* and when vitiated act as *dosa* and in this state they also act as *mala* and require to be expelled from the body. It appears, then, that they exist as *dhatu* (when not vitiated) or as *dosa* and *mala* (when vitiated). This gives impetus to the mind of some to call them *tridhatu* when in normal condition and *tridosa* only when they are vitiated, from the argument that when they act as *dhatu* in normal condition how can they be called *dosa* ? They are not, however, anxious to call them *trimala* although vitiated *dosas* act as *mala* as mentioned by Caraka (C. Sh. 5/10)[8] quoted above. Some others, again, prefer to call all these as *dhatus* viz. 13 *dehadhatus* to indicate 3 *dosas*, 7 *dhatus* and 3 *malas* from the point of view of the fact that Susruta has attributed *malas* to possess also supporting qualities.

This controversy in the terminology requires close consideration. It is a fact that the term *tridosa* has exclusively been used by Caraka, Susruta, Vagbhata and other. In fact, all the ancient and modern writers down to Gangadhara have termed them as *tridosa* both when in their normal condition as well as in their

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[1] प्रकुपिताश्च वातपित्तश्लेष्माणो ये चान्येऽपि केचित् शरीरे तिष्ठन्ति, भावाः शरीरस्योपघातापोपद्यन्ते सर्वां-स्तान्मलान् सञ्चक्षते—च० शा० ६।१०

[2] धारणात् धातवः प्रोक्ता मलिनी करणान्मलाः दूषणात् रसादीनां दोषा इत्युच्यते बुधैः—भा० प्र० पू० १

[3] शरीर दूषणादोषा धातवो देहधारणात् वातपित्तकफाज्ञेया मलिनी करणान्मलाः शा० पू० ५।२।

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abnormal condition. It is also a fact that none of them was ever used the term *'tridhatu'* in place of *'tridosa'*. Only during the present century do we find the term *'tridhatu'* being introduced for the first time and it appears that this term has become so favourite with some that they abhore to use the term *'tridosa'* in their normal conditions. It is, however, striking that Madhava Kara and Gangadhara, although never used the term *dhatu* for the three *dosas* have used the term *mala* when speaking about *dosa* both in normal as well as in abnormal condition.

Technical terminology:—There are many terms which are found to be used in different literature viz.—general, medical, *darshanic*, astronomical etc. conveying widely different meanings. In case of technical terms they are absolutely different. Not only that, in the same literature one particular term carries different meanings. Thus, in Ayurveda, the term *'rasa'* conveys different meaning even in the description of one process viz.—the process of digestion. Thus *'rasa'* indicates the six *rasas* of the food, *ahararasa*—the quintessence of the digestion of food, *rasadhatu* and even quite a different thing, the metal murcury. Conversely, some quite dissimilar terms are used to mean one and the same substance. Thus *citta*, *ceta*, *santa*, *hridaya*; *hrt*, *manasa* and *manah* are the synonyms of the 'mind.' Similarly there are several other synonyms of *hridaya* (*mahata*, *artha* etc.) This is also found with many other terms in Ayurvedic literature. In order to avoid confusion, the authors very often give definite indication in what sense the terms are used in that particular literature. Susruta has drawn attention to this fact when he says, some terms may be used in other literature as general term but in the same literature as special or technical terms. S. uk 65/30[1]

From this point of view the significance of the terms *vayu pitta* and *kapha* as well as the terms indicating *dhatu* and *mala*, as used in Ayurveda is quite clear when Vagbhata says, the three *dosas* are *vayu*, *pitta* and *kapha*; the *dhatus* are *rasa*, *asrik*, *mamsa*, *meda*, *asthi*, *majja* and *sukra*; the *malas* are urine, faeces, sweat etc. AH. S. 2/13. [2]

We have already noted that all the Ayurvedic literature, from Atreya to Gangadhara have called *vayu*, *pitta* and *kapha* as *vatadi dosa* and never called them as *dhatu* nor used them in the sense of *dhatu*. For this reason there appears no justification to call them as *'tridhatu'* in place of *'tridosa'* or even to term them *'tridhatu'* in normal condition and *'tridosa'* in vitiated condition. Throughout the literature, the term *'tridosa'* has exclusively been used to indicate the normal state of *vayu*, *pitta* and *kapha*. Thus we

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[1] अन्यशास्त्रसामान्यास्वसंज्ञा—सु० उ० ६५।३०
असामान्या असाधारण, तत्रानुगता स्वशास्त्रोष्वेव प्रयोजनवतीत्यर्थ—डल्हन

[2] वायुःपित्तं कफश्चेति त्रयोदोषाः रसासृङ्मास-मेदोऽस्थि-मज्जाशुक्राणि धातवः मला मूत्र-सदूकृत-स्वेदादयः—अ० हृ० सू० २।१३

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find Caraka saying : the *dosas* are three viz. *vata*, *pitta* and *sleshma*. When in normal condition they do good to the body, when vitiated cause various diseases and cause harm to the body. C. V. 1/6[1]. Susruta says, the three *dosas dhatus*, faeces and urine in normal conditions support the body along with the pure *rasa*.—S. Ut. 66/5.[2] . Vagbhata says, the three *dosas*, in brief, are *vayu*, *pitta* and *kapha*. They in their abnormal and normal conditions kill or preserve the body. AH. S. 1/7 [3]. There are many such passages where the term *dosa* has been used both in normal as well as in abnormal conditions. If we accept that *vatta-pitta-kapha* are to be termed *dhatu* in normal condition and *dosa* in abnormal condition, only then it comes that there would be no *dosa* in normal condition of a healthy individual. This goes against the conception of Susruta when he defines 'health' in the following terms : One possessing *dosas* in equilibrium, *agni* in equilibrium, the function of *dhatu* and *mala* in equilibrium and the *atma*, mind and senses in unison, is said to be healthy. S. S. 15/40. [4]. Here Susruta has used the term '*dosa*' in connection with perfect health. Further, this analogy that in normal condition one should term them '*dhatu*' and when vitiated '*dosa*' cannot be extended to the other 7 *dhatus*, *rasa*, *rakta*, etc. They are called by the term *dhatu* when in normal condition and are termed '*dusya*' and not '*dosa*' when vitiated. Here comes the clue to our conclusion that *tridosa* in normal condition cannot be termed *tridhatu* only because *dosa* and *dhatu* (7 *dhatus*) are absolutely different in nature and distribution. *Dosas* are *dosas* while *dhatus* and *malas* are *dusyas*. Further throughout the literature *dosas* are said to be vitiated (*kupita*) and it has nowhere been mentioned that the *dusyas* are ever undergoing *kupita* state. *Tridosa* are present in every channel of the body even the finest one where *rakta* and other *dhatus* have no access, and as a matter of that in every cell of the body. Situated in these places the *dosas* regulate every function of every structure including the cells as well as the 7 *dhatus* and the *malas*. I should think the dignity of *tridosa* suffers if they are termed as *dhatus* in the same sense if the housewife who is undoubtedly the supreme authority of the inner house be termed as the cook, the servant or the sweeper only because she has to cook or do the work of a maid or even clean her baby of urine and faeces and thus secondarily supports her children and the whole family. She may do all these works of

[1] दोषाःपुनस्त्रयो-वातपित्तश्लोस्माणः, ते प्रकृतिभूताः शरीरोपकारका भवन्ति, विदतिमापन्नाः खलु नानाविधैर्विकारैः शरीरमुपतापयन्ति—च० वि० १।६

[2] त्र्योदोषा धातवश्च पुरीषं मूत्रमेव च,
देहम् सन्धारयन्त्येते ह्यव्यापन्न रसैर्हितैः—सु० उ० ६६।५

[3] वायुः पित्तंकफश्चेति त्र्योदोषाः समासतः
विकृताऽविकृता देहं घ्नतिते वर्तयन्ति च—अ० ह० सू० १।७

[4] समदोषः समाग्निश्च समधातुमलक्रियः
प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यविधीयते—सु० सू० १५-४०

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menials but she is always the mistress of the house. Similarly only because the *dosa* support the body or pollute (*malinikarana*) it, they cannot be termed *dhatus* or *malas*. They are always the supreme commander of all functions of the body. For this reason, the term 13 *deha-dhatus*, composed of 3 *dosas*, 7 *dhatus* and 3 *malas* cannot be accepted.

It is undoubtedly derogatory to the prestige of *vayu*, *pitta* and *kapha* to call them *dhatu* particulary when Ayurveda calls and respects them as Bhagavan and the bestower of power, strength etc. They cannot, on any account, be put in the same category as the inert *dhatu* and *mala*. Thus Caraka says.— *Vayu* is Bhagwan —C. S 12/12 [1]. He says further, *vayu* is *ayuh*, *vayu* is strength, *vayu* is *dhata* of the animate being, *vayu* is the universe and *vayu* is the lord of everything. C. CH. 28/2 [2]. There are many such passages in the literature. They are given below in original. ([3, 4, 5]).

The *dosas* have two important functions—(a) to control and regulate all function of *dhatus* and *malas*, in fact, every structure of the body and as a part of this function, they (b) support the body. Hence, in normal condition, to call them as *dhatus* only because they perform this minor function of support and ignore the most important function of control and regulation of all functions of the body is not justified.

The term *dhatu* used in various other senses:—The term *dhatu* is used in Ayurveda for various other widely different substances. For this reason, the use of the term 13 *dehadhatus* will lead to confusion in an already confused state of affairs in Ayurvedic terminology. Thus we find Vagbhata saying in connection with origin of *tridosa*, *vayu* is composed of the *dhatus vayu* and *akasa*. Here the *bhutas* are termed as *dhatus*. AS. S. 20 [6] We have also in Ayurveda the body being composed of one—*dhatu purusa* (the *atma* is meant here), six—*dhatu purusa* (the *atma* and 5 *bhutas* are meant here), the 24—*dhatu purusa* (the *avyakta* etc. are meant here). It appears then, that there are not only 13 *dehadhatus*

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[1] सहि भगवान प्रणवश्चाप्ययश्च भूतानां
विभुर्विष्णुर्वायुरेव भगवान् इति—च० सू० १२।१२

[2] वायुरायुर्बलं वायुर्वायुर्धाताशरीरिणाम्
वायुर्विश्वमिदं सर्वं प्रभुर्वायुश्च कीर्तितः—च० चि० २८।२

[3] स्वयम्भूरेव भगवान् वायुरित्यभि शब्दितः
स्वातन्त्र्यात्रित्य भावोच्च सर्वगत्वात् तथैव च—सु० नि० १।२

[4] स विश्वकर्मा विश्वात्मा विश्वरूपः प्रजापतिः
स्रष्टा धाता विभुर्विष्णुः संहर्त्ता मृत्युरन्त कः—अ० हृ० वि० १५।२

[5] जाठरो भगवान स्निरीस्वरोऽत्रस्य पाचकः—सु० सू० ३५।२४

[6] वाप्याकाशधातुभ्याम् वायुः असम्—सु० २०

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but 13 plus 24 or 37 at least. Under these circumstances, we have no authority to go beyond what Vagbhata has given us the number and names of the *dosas*, *dhatus*, *malas* and *dusyas* already quoted ([1]).

From this we may conclude that there can be no ground to call the *dosas* in their normal conditions as *tridhatus*. This term has never been used by any Ayurvedic writer, either ancient or modern, excepting the very recent ones. The term 'Tridhatu' undoubtedly appears in the Veda and in the Mahabharata[2] but whether these terms actually mean *vayu*, *pitta* and *kapha* is not definite as these terms are not found in the *Veda*. The commentator, Sayanacharya, however, has indicated the *'tridhatu'* to mean *'tridosa'*.

Tridosa as *Trimala*

While there is no justification for calling *tridosa* as *tridhatu* under any circumstances, whether in normal or abnormal states, the position is different with respect to their calling as *mala*. We may discuss this subject under 2 heads:

(1) *Tridosa*, as such, being termed as *mala* both in normal and abnormal conditions.

(2) *kapha*, *pitta* and *vata* (not *tridosa*) themselves acting as *mala* and thus called as such.

(1) *Tridosa* as such being termed as *mala* in normal and abnormal conditions:—

Ayurvedic literature shows good number of instances where the *dosas* have been termed as *mala*. (a) Caraka says: abnormal *vata-pitta-kapha* and any other substance present in the body which cause injury to the body are all termed as *mala*. C. Sh. 6/10 (8) and for that reason Caraka enjoins that the abnormal *dosas* must be removed from the body. (b) Vagbhata says: the aggravated *malas* (i.e. *vayu*, *pitta* and *kapha*) produce various kinds and innumerable diseases. AH. S. 12/29 [3]. (c) Madhava says: the cause of all kinds of diseases. are the vitiated *malas* (meaning *dosas*). Pancanidana 13 [4]. (d) Madhava further, says, one must determine the time of disease by noting the time of aggravation of the *malas* (i.e., *dosas*) according to the night, day, season and the time after meals. Pancanidana 11. [5]. In both these passages the

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[1] रसासृङ्मांस-मेदोऽस्थि-मज्जशुक्राणि धातवः । सप्रदुष्याः—अ० हृ० सू० ११३

[2] त्रिधातु शर्म वहतम्—ऋग्वेद

आयुर्वेद विदस्तस्मात् त्रिधातुं मां प्रयच्छते—महाभारत

[3] वातादयस्त्रयो दोषाः स्वैर्विकारैः कुपितामलाः—अ० हृ० सू०—१२।२९

[4] सर्वेषामेव रोगाणां निदानं कुपितामलाः । माधवनिदान, पंचनिदान—१३

[5] नक्तन्दिनर्तु भुक्तां शैर्व्याधिकालो यथामलम् मा० —पंचनिदान ११

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term *mala* has been used to indicate the *dosas* in their vitiated conditions. But we also find the term '*mala*' used to indicate perfectly normal and physiological condition of the *dosas* by Gangadhara. (e) Gangadhara says: while commenting on the process of digestion, as described by Charaka, thus-the foamy material derived from the digestion of the sweet substances is the *mala* named *kaph*.....that clear and pure material is called *mala* named *pitta*.....that from *katubhava* is the *mala* called *vayu*. C. Ch. 15/71. Here Gangadhara is undoubtedly speaking of the pure product derived normally by the process of digestion. In all these instances the terms *dosa* and *mala* are used synonymously.

Although we find good number of instances in which the three *dosas* both in normal and abnormal conditions have been termed as the *malas*, still in order to avoid any confusion, it is always preferable to term *dosas* as *dosas* and never as *malas*.

(b) **Kapha-pitta-vata (not tridosa) themselves acting as mala and thus called as such**—The *kapha-pitta-vata* under this category are not included under the controlling factors of the body as *tridosa*, but they are *mala* inherently. Thus *kapha* is the name of the substance which is the *mala* product after the digestion of the *rasadhatu* by *dhatvagni*. Similarly, *pitta* is the name of the *mala* product produced after digestion of *rakta* and *vayu* is the *mala* product after the process of abnormal digestion of food producting flatulence. In normal and abnormal conditions the *mala* product *kapha* represents the phlegm which comes out with vomiting from the stomach or by cough from the respiratory passages. The *mala* product *pitta* is the bile found in the gall bladder which pours into the alimentary tract. When absorbed into the body, it produces jaundice and makes the individual liable to hæmorrhages. The *mala* product *vayu* is generally found in the alimentary tract and causes tympanitis (*adhmana*) etc. when excessive. From the point of modern physiology the gas, carbon dioxide, produced in the body through tissue metabolism and excreted through the respiratory organs may also be included as the *mala* substance of inhaled atmospheric *vayu* (air or *visnupada* or *ambarapiyusa*).

Conclusion:—From the discussion stated above, it is clear that there is no ground to call (1) the three *dosas* in their normal state by the term '*tridhatu*'. They should be called *tridosa* under every circumstances, whether in normal state or abnormal. (2) The term' 13 *dehadhatus*' is a misnomer. (3) the three *dosas* should not be termed as '*mala*' as used by Madhava and Gangadhara.

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[1] मधुराख्यात् भावात् यः फेनभूत उदीर्यते कफोनाभमं मलः ।
यत् स्वस्थं निर्मलरूपमुदीर्यते तत् पित्तं नाममलम् । तस्मात् कटुभावात् वायुनभि मलं स्यात्—गंगाधर टीका च० चि० १५।७

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Treatment of Burn by Fat.

By

DR. ATTRI BENARES HINDU UNIVERSITY BENARES.

In Sanskrit literature we read that the monkey is always kept near the stable as in MRICHAKATIK we read : अयमपर : पाटच्चर इवदृढ़ रज्वायां वद्ध : मन्दुरायां शाखामृग : ॥ i. e. this monkey is kept in the stable in the house of *Vasantsena* Similarly in *Ratnawali* also we read the same thing. In *Panch-Tantra* one story is given for the value of monkey's fat for the burn i. e. there was quarrel between *cooks* and sheep; once a cook threw fire on the sheep, she ran away in the stable, the fire spread in the grass and some horses were burnt by it. The veternary surgeon asked for the monkey fat for the treatment of the horse because, the fat was the only remedy for burn.

It is a story; now we examine the above fact from a medical point of view.

Fat is a controller of heat in our bodies. The persons or animals, containing much fat, feel much heat in summer e. g. buffaloes and pigs. But fat is itself cold in action, only the fat layer obstructs or prevents the body evaporation from the skin ; hence the heat increases in bodies and the fatty animals or men feel much heat.

We can apply this rule for the cure of burn i.e., if we put a layer of fat on the burnt skin, the evaporation will stop. The skin gets relief and the local action of fat is cold so the skin feels much relief. We know, in surgery or in medicine, that the rest of the body or the affected part is the most important thing. The fat layer gives rest to the skin.

In Ayurveda we used ghee or fat. Ghee is also a kind of fat but ghee must be pure otherwise it is harmful. To make it cooler we mix with ghee other cooling agents such as Glycyrrhiza, Sandalwood and Geru Etc. or we wash the ghee hundred times or as much as we can, with cold water. By these processes the cooling effect is increased but the property to stop evaporation remains the same. Pores of skin are blocked so the skin gets complete rest, other things are done by nature itself.

Why monkey's fat is used ? is the next question, I shall explain it in my next article. Here I wish to clear this point that monkey is much nearer man *in the process of evolution theory*. Besides monkey has greater immunity than other animals for some germs such as T. B. Monkey does not get T. B. and other infectious diseases. So the veterinary surgeon of *Panch-Tantra* and the poets of Sanskrit literature kept monkey near the stable always ready as the Unani Physicians recommend to keep pigeons in the house of *marasmus child* or T. B. Victims.

The same persons for monkey we also read in Hindi Poetry of जायसी; such as :—

तुरग रोग हरिमाथे जाय ।

Disease of the Horse is go to the head of monkey. *

* From the Book "Ayurveda in Sanskrit Literature, hy Dr. Atri." in Press.

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All-India Ayurvedic Congress News

The Ayurvedic Approach

To

Personal & Mass Hygiene

By Vaidyaratna Pt. Shivsharma, Ayurvedacharya, Bombay

"Now that India has obtained complete independence and has become a co-equal in a group of allied nations, she has much to give us out of her store of ancient learning."—Kenneth Walker (*A Doctor Digresses :* Johnathan Cape : 1950).

The following note on personal and mass hygiene is based on the Ayurvedic teachings. The excellence of a scheme of hygiene depends firstly, on the quality and extent of its usefulness and secondly, on the amount of time, energy and money required to put it into practice. This emphasis on practicability renders undesirable any attempt at theoretical exposition in the main body of the subject. However, in order to satisfy the curiosity of those who are making their first contact with the Ayurveda a *very* brief synopsis of the fundamentals of Ayurveda is given as a preliminary to the subject of Ayurvedic Hygiene.

Ayurveda literally means "the science of life."

The union of *Jiva* (the vital principle) with *Shaarira* (the body) is called *Jivana*. The span of time in contact with this *Jivana* constitutes life. The science of life is Ayurveda.

Life is divided into *Jangama* (animal) and *Sthaara* (vegetable) kingdoms. The latter need not be discussed here.

The *prayojana* (objective) of Ayurveda is *Dhaatu-saamya-kriyaa* or the maintenance of tissue normality.

Health is a state in which the various organic functions are running normally and the spirit, mind and body are happy (*prasanna-aatmendriyamanah*).

Disease is defined as contact with unpleasantness (*dukha-samyoga*). Diseases are fourfold: adventitious, physical, mental and natural.

Cuts, bites, stings, accidents, infections, injuries, etc., constitute adventitious, (*aagantuka*) diseases.

Endocrinological, nutritional, functional and organic disorder are termed physical (*shariraka*) diseases.

Greed, avarice, jealousy, fear, anger, desire, etc., are grouped together as mental (*maanasika*) diseases.

The bondage of natural birth and death, of natural hunger and thirst and sleep, irrespective of the above mentioned three divisions constitute what is called the natural (*swabhaavika* disease.

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The adventitious disease requires mainly surgical treatment The *Dhanvantari* school of surgery at *Kashi*, in 600 B.C., catered exclusively to the needs of the students of surgery, while a thousand miles further north-west, Taxila (*Taksha-shila*), under the guidance of *Punarvasu Atreya* became acknowledged university for medical instruction and training.

The treatment of the physical disease is a field in which Ayurveda is claimed to excel. The basic aphorism subsequently enlarged into voluminous texts, briefly but comprehensively elucidates the therapeutic measures to be adopted in the case of the physical disease as follows:—

"The use of drugs, diets and practices, jointly or severally, contrary to the cause of the disease, to the disease, or to both the cause and the disease; or, similar to the disease, similar to the cause or similar to the both, resulting in relief, is known as the treatment of the disease."

It should be noted that the very first Ayurvedic aphorism demolishes the age long controversy of 'similars' and 'dissimilars' between allopathy and homœpathy by accepting that both the apparantly antagonistic approaches can lead to the cure. The Ayurvedic pharmacopœa offers a wide choice of drugs—the purgatives and emetics alone number six hundred. Although strong poisons like arsenic, aconite and opium are not excluded and metallic combinations are freely prescribed (gold preparations alone run into three figures), the treatment is mostly herbal and dietetic. It shall not be wrong to call it a more highly developed system of nature cure, if the exclusion of non-toxic drugs is not made conditional in the latter.

The Ayurvedic dietetic approach is the best for the body *and the mind*, both in health and disease. Reference shall be made to it later.

The practices include directed fasting (full or partial), prescribed dieting, emesis and purgation, massages of various medicated or plain oils, ghee and fats, or powders, administration of enemas of medicated decoctions, ghee, milks or oils, medicated baths, hot or cold, in water or oil or milk or herbal decoctions, according to the exigencies of the case; yogic exercises, breathing exercises, physical culture, changes of residence to more salubrious climates, sternutation, controlled diaphoresis and general fomentations and local application of heat exposure to sun, or by artificial sources of heat (nearly sixteen different methods of *sweda* diaphoresis and fomentation are described by Charaka). The art of relaxation of body and mind is given the importance it deserves.

The treatment of the mental diseases consists of acquisition of knowledge, science, and tranquility, worming out into open the suppressed and regressed memories, and introspection and meditation. (*Jnaana, vijnaana, smriti and samaadhi*).

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The natural disease has salvation as its cure. Charaka Sambita dwels at length on the *yogic* and the *vedaantic* approach to achieve this end, but the subject of natural disease need not be discussed here.

The *Tridosha* Theory

I have been advised to put in a brief note on the *Tridosha Siddhaanta* here for the benefit of those who are genuinely curious to learn the nature of the theory which forms the pivot of the Ayurvedic therapeutics. Only three questions may be answered:

Is *Tridosha* the old humoral theory of the Greeks?

Does it suffer from "diversity of interpretation" at the hands of its adherants?

Is it concievable that it can compete with the "advanced" and "scientific" theories of allopathy?

The first question has been answered by the allopaths of note themselves and that answer has been accepted by all the Government Committees on Indigenous Medicine. In the words of Capt. G. Srinivasa Murty, I. M. S., "The first thing to know about the *doshas* is to learn to kuow what they are NOT. I consider it necessary to repeat that they are, most emphatically, not the humors." Report on the Comittee on Indigenous Medicine (Madras). Earlier, Dr. Gananath Sen, M. A., L. M. S., of Calcutta had stated the same fact in clear terms, "The *dosha* theory is not the old discarded humoral theory."

Does it suffer from diversity of interpretation?

A close study of the history and development of the extra-professional criticism of Ayurveda in this country will reveal the hitherto unobserved fact that the charge of "diversity of interpretation" against the *dosha* theory is extremely recent in origin and was never heard of before the British quit India. It was born with the freedom of India, when the profession was suddenly stampeded into interpreting Ayurveda into allopathic terms intelligible to the allopaths, on the pain of being totally brushed aside in default. The more important and more obvious fact has been overlooked, that the diversity of interpretation arises only when the interpretation is attempted in the terms of allopathy.

If the silk band which holds the pyjamas in position, instead of being viewed in its own setting, was "interpreted" as representing the buttons on the trousers, it could provoke a diversity of interpretation that it representated the belt. Then a more enterprising interpreter with a richer imagination would venture the view that it could be a special adaptation of the braces turned horizontal, or that it was merely the side buckles turned into a string as the metal was needed for production of armaments. Yet, in its own place the band is not only a simple, intelligible, convenient and incontrovertible entity, but perhaps a more servicable article

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of use than all the buttons' belts, braces and buckles put together. And still, this innocent and peaceful article of high utility could be turned into an apple of discord by experts, interpreters and research scholars.

Ayurveda has suffered much at the hands of much experts interpreters and research scholars. When an Ayurvedic physician discusses *vatic* fevers, *vatic* diarrhoea, *vatic* cough, *vatic* dysentery, *vatic* asthma or *vatic* piles; or *paittic* fevers, etc., with another Ayurvedic physician, there is a perfectly clear understanding of the issues between the two; and why only two? Amongst hundreds of them. But start translating *Pitta* as bile, 'body heat', 'metabolic', or 'thermogenesis', and the controversy of the buttons and belts and brace begins.

Let us look at some simpler *doshic* situations straight from the shoulder, without wading through allopathic terminology to reach them.

A person takes five grains of quinine and experiences 'cinchonism' (say, giddiness, ringing in the ears, loss of appetite etc.). Another takes a dose of 30 grains of quinine and feels none the worse for it. A million Ayurvedic physicans shall give the same explanation—the former individual has *vatic* constitution and therefore reacts adversely to a *vatic* drug, quinine. He shall react adversely to all *vatic* elements, drugs (quinine, *dhatura*, *nimba*, etc.), diets (prolonged use of fat free dry foods, jowar, gram etc), practices (fasting, over exercise, etc.) and emotions (fear, sorrow, desire, etc.). The *doshic* approach to cinchonism is use of anti-*vatic* drugs, diets and practices and emotions, cooling *sherbats* ghee and milk, rest and massage, joy and tranquility, etc. But these latter practices will be harmful to the *shelshma-prakriti* they shall make him phlegmatic, heavy and lethargic.

Take another example. An apparantly healthy person is prone to get malaria on the first infecting mosquito bite. A comparatively less healthy looking person gets the same infection several times over, but resists it successfully. All Ayurvedic physicians without any "diversity of opinion" shall be agreed that the former individual has a '*paittic*' temperament and is therefore, a ready prey to a disease which is '*paittic*' in nature. The latter resists the infection as his soil is antipaittic and the malarial parasite, carrving a *paittic* disease cannot multiply happily in that soil. It does not mean that the Ayurveda does not recognise the existence of germs or that it does not make use of bactericidal drugs; but the main approach in Ayurveda is predominantly *doshic* or soil converting. Thus, infusions of anti-paittic drugs like *nimba*, *drona-pushpi*, *parpataka*, etc., etc., prevent and cure malaria by soil conversion rather than by germ-killing.

This brings us to the third question. Are the modern explanations of these phenomena more scientific?

In the first example given above, the *vata prakriti* individual is said to be "allergic" or "anaphylactic" to quinine. The non-

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vatik one is said to possess greater "tolerance" against this drug. To the Ayurvedic physician these are purely arbitrary statements without any system or method or scientificity behind them. The former person may as well be called the victim of a divine curse and the latter the favourite of the gods, in as much as the terms like allergy, tolerance, idiosyncracy, and anaphylaxis are no more enlightening and no less arbitrary.

In the second instance, the modern explanation of 'natural susceptibilty' and 'natural immunity' to the malarial infection in the case of the two individuals, could again be very well replaced by the theory of divine wrath and divine favour respectively, without any loss of 'scientific' value. The Ayurvedic physician continues to consider these "explanations" as entirely arbitrary and unscientific as against the Ayurvedic *doshic* clarifications which are natural, systematic and consistent with the principles of the theory. It would require the faith of the chosen to call the former scientific and the choice of the faithful to call the latter unscientific.

The *doshas* cover all aspects of life, health and disease, food and fasting, emotion and thought. Therefore Charaka says, "Nothing exists in the world of thought or experience which cannot be used as medicine," for, whatever affects the constitution, even if it is a sweet word or an abuse, an exposure to sun or a dip in water, a pleasant or unpleasant incident, can be termed treatment.

Normalising the soil is the *doshic* therapeutics, protecting the normalcy against a future attack is the *doshic* hygiene, stabilising the normalcy and integrating it constitutes a rise in the standard of health. This is the *tridoshic* approach to individual, mass and industrial hygiene.

The importance of such a theory being made the basis of hygienic approach in a country of teeming millions, with insufficiency of drugs, and still greater insufficiency of the means to fight the more injurious after-effects of highly poisonous drugs in semi-starved bodies, can be well appreciated.

(It is possible that the foregoing lines may arouse some interest in the *Tridosha* theory, and there may be a desire on the part of some of the members of the panel to learn more about it. It will be possible to circulate a full exposition on demand).

Hygiene

The term 'hygiene' originally restricted to mean the prevention of disease, has been enlarged by the modern allopathic texts to include every therapeutic measure not excluding surgical operations and cures of chronic diseases, as, even the surgical and the medical treatment, by curing the immediate ailments, act as preventives of the future serious consequences which would inevitably follow if the patients were left untreated. "Looking to the present the cure is good in itself: looking to the future it possesses an implied preventive significance since it may serve to avert a train

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of ills."—(*Hygiene*: Currie and Mearns: 1948). This is aptly described by Charaka: "To start with they are simply diseases, subsequently they assume the additional role of causative factors."

But the Ayurvedic approach to prevention of ills is even more broad based. Enumerating the causes of epidemics. e. g., infection of common factors like air, water, soil and vitiation of seasons, *Punarvasu* goes a step further when he says that '*adharma*' or '*asat karma*' i. e., improper behaviour, also leads to epidemics.

This is how the human beings are described as causative factors in epidemics (*Jana-padodhvansana*-population-destroying diseases) :—"When the leaders (*Pvaahana*—leader, headman, ruler, president) of a country, city, town or village take to *adharma* in their dealings with the public, then, the dependents, subordinates and the flatterers surrounding them aggravate the *adharma*. Then that *adharma* eclipses the *dharma* (dutifulness, honesty, truth, religion) and that land becomes god-forsaken." (Charaka, *Vimana*, III, 24-25). "When greed and avarice, anger and wrath, and pride and vanity, hold sway over peoples' minds, they, despising (*avamatya*=brushing aside, outvoting, despising) the weak, and irrespective of the victims being their own kith and kin, take to invading and destroying each other, or destroying others only, or getting destroyed by others." "Thus begins the "epidemic of arms" (*shastra-prabhava-janapadodhwansana*).-Charaka, *Vimana*, III, 26.

Moral hygiene, therefore, as totally distinct from mental hygiene, is an integral part of the Ayurvedic conception of the prevention of ills. A bad morality, asserts Ayurveda, cannot be conducive to peace and happiness of the community and vitiates even the normalcy of the elements of nature, the qualities of the soil and the produce, and even the seasonal phenomena like rainfall, etc. It is not necessary for a modern materialist to accept his view but the general ethical approach to world problems twhich follows as a necessary corollary to this view should be acceptable to every one.

Charaka says, "As the age of truth declines, some people find themselves in possession of too much (*adana*). This leads to *gaurava* (heaviness in body and lethargy in mind). *Gaurava* leads to *srama* (sense of fatigue) which results in *alasya* (laziness). *Alasya* leads to *sanchaya* (hoarding) and hoarding to *parigraha* (taking what legitimately belongs to others) and *parigraha* to *lobha* (greed and avarice). This chain of domoralisation goes on through treachery, falsehood, uncurbed desire, anger and wrath, vanity, hatred, cruelty, shock, fear, distress, sorrow, anxiety (*abhidroha, anritavachanatva, kama, krodha, moha, dvesha, parushya, abhighata, bhaya tapa, shoka, chittodveaga*) etc. Then the the bodies of the pure spuiu people deteriorate and become ready prey to diseases. Thus even the span of life is lowered." Charaka, *Vimana*, III, 33.

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In view of the above an Ayurvedic definition of hygiene would be something like the following :—

Hygiene consists of all spiritual, mental, physical therapeutic, social, euganic and environmental measures which are conducive to the general well being of the individual and the race.

Hygienic Measures

"*Arogya* (health) is the soundest basis for the fullfilment of the four great objectives, *dharma* (untranslatable in English), *artha* (wealth), *kama* (desire) and *moksha* (beatitude)." Charaka, *Sutra*, I, 13. Therefore for a diseaseless and long life one should take to such practices as "rear health and prevent the birth of unborn diseases." Charaka, *Sutra*, V, 6. "Be an observer of the rules of hygiene" (*Swastha-vritt-paro-bhavet*).

Dina Charya (The daily routine)

1. Rising in *Brahma muhurta* (just before morning twilight). Ayurveda lays great stress on rising early, actually before the first ray of light strikes the dawn. The eye muscles, relaxed after the sleep, are not to be subjected to a too sudden impact of light by rising when the day has dawned. The eye-sight of a person who observes this rule shall always be stronger than that of one who does not. From the *doshic* point of view, the eyes are the seat of the *alochaka pitta* and therefore eyes, as a rule, fall in the cotegory of those organs which thrive on coolness (an anti-*paittic* quality) and react adversely to heat. Opening them before sunrise and giving them a cold wash keeps them much healthier than if they were opened in the sun, and washed with hot water. Only under certain exceptions is a mild fomentation of the eyes permissible and the heat is to be controlled and the glare of light cut out. It is not the aim of this note to dilate on the specific benifits accruing from each measure recommended by Ayurveda as it would require more time and space than is at present desirable to use up.

It may, however, be noted that when better and more lasting eye sight is claimed for the early riser in *Brahma muhurta*, it understood that all other factors are equal. A person given to crying all the day, even if he rises early (though, in all probability, this type will be a late riser) cannot have a better eye sight than the one who rises late but maintains a cheerful disposition. This also holds true in case of nutritional, hereditary, vocational, economic and pathologial factors.

The Ayurveda attaches great hygienic importance to the practices listed below :—

2. *Usha pana* (inhaling, ie., drinking through the nostrils about an ounce of water, milk or ghee on rising from the bed).

3. Non-suppression of urges and regularisation of urges. (The following urges should not be suppressed: stools, urine, flatus, vomit, sneeze, yawn, thirst, hunger, tears, sleep, gasping.

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urge to breathe hard-and seminal discharge at the time of ejaculation. The evils resulting from the suppression of these urges have been enumerated and therapeutic measures for relief thereof prescribed.

4. Suppression of 'improper' urges (improper or 'too bold') a use of thought, word and deed; greed, sorrow, fear, vanity, shamelessness, jealousy, over-attatchment. One should also control the urge to make harsh, proud, derogatory, false and irrelevant speeches. Also avoid tyrrany, sexual excess, theft, violence.

While still on the subject of urges it may be mentioned that the Indian method of defœcation has a much greater health value than the western method. This subject is very ably discussed by Dr. Hornibrook in this popular manual. Special stools and devices are now on sale in England to convert the flush commodes into seats convenient for the Indian posture.

5. Cleansing the teeth. It has been conceded by certain western medical men that the tooth brush has carried pyorrhoea wherever it has been introduced—that the teeth of the Red Indians and certain African tribes were sounder before the tooth brush invaded them. In India people who have stuck to the use of the tooth stick (*datun*) have certainly sounder and heaithier teeth and gums than those of the users of the brush. *Nimba, babul, kendu,* yield tooth sticks which are particularly healing, stimulating and gum hardening. They assure a very healthy maintainance of the teeth and the gums. In a recently published book, *Swasthya aur Sadvritta,* Arti Deva Gupta, compares at length the virtues of the tooth stick and the tooth brush.

Danta-manjana (tooth powders). Certain cheap recipes of dis-infecting and healing tooth powders containing charcoal; alum, copper sulphate (in special cases), *swarjika* (crude sodi bicarb) etc., can be made available to people in villages for use with the tooth stick.

6. *Jivh nirlekhana* (scraping and cleaning the tongue).

Wash the face after *danta-dhavana* and *jivha lekhana*).

7. Sternutation (*nysya*). Keep nasal circulation in order and the passages healtuy by use of errhines. *Kayaphala* bark powder is enough for general purposes. One pice worth shall be enough for a hundred people.

8. *Kavala* (gargling-simple, medicated. oily, and non-oily). There is a special set of oil gargles (*e. g.*, irimedadi) for toning up the teeth and the gums.

9. Massage. This is rather a vast subject in Ayurveda. The public, however, may be enlightened on the effects of massages with a few commoner oils, particularly with their capacity to strengthen the skin against various skin diseases and infections. Specialised massages, *e. g., dhara sveda, pinda sveda,* from too big a subject to be dealt with here.

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Ayurveda insists upon those who cannot have a general oil massage regularly, to apply oil at least to the head, the sole of the feet and the small of the back before taking bath.

Powder massage. A number of recipes are suggested for making, softening and beautifying pastes and powders for the skin, particularly the complexion.

10. Bath. Therapeutically, the subject of bath is also rather large (various oil, milk, infusion and decoction baths are prescribed) but it is sufficient for purposes of hygiene to have a thorough washing of the body with water as a daily practice.

*10 A. Parimargana, rubbing the body with the cloth to clause pure and stimulate circulation.

11. Introspection and prayer.

12. Cleansing of hands and feet frequently.

13. Keeping beard and moustache clean.

14. Shaving of the parts of the body.

15. Wearing shoes which give proper comfort and protection.

16. Keeping a stick while walking.

17. Keeping an umbrella in hot sun and rain.

18. Avoidance of harmful foods and intoxicants.

19. *Vritupaya*: keeping occupied with useful work (to cut out brooding, mental stagnation and the consciousness of being useless).

20. Regular meal hours (food should be taken according to the demands of the nature of one's vocation and mental and physical requirements, *satvika, rajasika, tamasika,* light, heavy, sweet, sour, etc).

21. Rest and sleep.

22. Exercise, yogic or otherwise, generally preceding bath and not to be taken on a heavy stomach.

The following subjects of particular Value in industrial hygiene have also been touched upon :—

Housing (*nivatam pravataikadesham*-well ventilated but not subject to draughts)

Disinfection.

Treatment facilities.

Avoidance of strain (*saha a*), resulting in hernia, hæmorrhage, etc.,

Maintenance of pure water supply.

Clean drinking (boiling, etc)

Avoiding spitting,etc., in public places.

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Keeping clear of insects and moths.

Toilet facilities.

Cloth washing facilities.

Room refuse disposal.

Exclusiveness for women. Ayurveda says that women get many ailments due to suppression of urges as they are shy by nature and do not wish to ease themselves to the knowledge of others.

Place of eating (away from contagion and poisoning).

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Executive Committee of Shree Lala Madan Lal Ayurvedic Research Institute has decided that every year a prize of Rupees one thousand shall be awarded to the best writer-during the year for his research book in Hindi or Sanskrit on a previously announced Ayurvedic subject written with the Ayurvedic stand point

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Ashutosh Mujumdar

Secretary

Executive Committee

Lala Madanmohan Ayurvedic

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(शुक्ल यजुर्वेद ३६।२४)
मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 3 March, 1951 No. 3

EDITORIAL

Health Ministers' Third Conference & Ayurveda

After a keen perusal of the resolution adopted at the 3rd conference of the Health Ministers of Indian Union, one would have no hesitation in saying that the convener's efforts were entirely directed towards obliterating all the special and valuable features of Ayurveda, by framing the curriculum of Ayurvedic education.

The resolution, in its part A, deals with the essential qualifications of a student seeking admission to the Degree Course in Ayurveda as equivalent to I. Sc. standard with biology. Whereas in part B of the same resolution it is also mentioned that the student should also possess an adequate knowledge of Sanskrit. The term 'adequate knowledge' being ambiguous and the resolution deliberately avoids to lay any definite standard regarding Sanskrit knowledge.

Some practical difficulties as such, would arise. The Student in I. Sc. is not supposed to have any knowledge in Sanskrit as this subject is not prescribed in the present syllabus. Secondly, this is also not practicable for students desirous of Ayurvedic studies to devote any specific period for acquiring adequate knowledge in Sanskrit before seeking admittance to Ayurvedic Colleges. This would mean an unnecessary waste of their precious time, hard earned money and energies. Naturally, this will seriously discourage students desirous to learn and practice Ayurveda. It would be right here to recall the protest made by the All-India Ayurvedic Congress, in this connection. In the opinion of the Congress, Health Ministers' Conference was not a competent body to deal with such educational matters as pertaining to the basic qualifications and curriculum etc. This is entirely the business of experts on the subject. If, however, the wishes of the Conference are to be carried out, the Congress suggests the following changes to bring into effect immediately in the curriculum meant for I. Sc. students.

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Already I. Sc. courses are of two types in most of the universities. One is for students going in for B. Sc. and the other is for students going in for medical studies. This is called I. Sc. (medical). All-India Ayurvedic Congress proposes that there should be a third type of I. Sc. for students going in for Ayurvedic studies. It should be I. Sc. (Ayurveda). I. Sc. ordinary imparts education in English, Mathematics, Physics and Chemistry and in one Indian language or some other subject. I. Sc. (Medical) includes English, Mathematics, Physics, Chemistry, and Biology in its course. Our proposal is that I. Sc. (Ayurveda) should include the subjects of Sanskrit, *Darshana*, Physics, Chemistry and Biology.

Unless these facilities are efficiently provided with, it is ridiculous to restrict the admission to Ayurvedic degree course for I. Sc. students only.

This is admitted by all that the standard of Medical Education must be revised. But in view of the fact that even after the extravagant expenditure and complete patronage for two centuries, the present allopathic institutions could hardly meet the 10 per cent of the medical demands of this country, is it, then, advisable to put further hinderances in the way of Ayurvedic studies? Such an act if committed would be nothing short of a great dis-service done to the motherland. Let the sponsors behind the scene answer our question?

There is also a proposal for the Diploma Course in Ayurveda for which the basic qualification of admittance is equivalent to Matriculation standard with Science. The same modifications be adopted in this sphere also as suggested above. The object of introducing this Diploma Course is to produce a large number of medical graduates in the shortest possible time to meet the crying needs of the country. But this scheme is sought to be dropped after 10 years of its operation. We, however, do not agree. In view of the extremely low earnings of an average man in India it is not desirable to give up this scheme, nor it would be practicable to establish in the meantime such a large number of big medical colleges that would meet the country's medical needs for a long time to come.

The curriculum proposed for the students of Ayurveda is an unbearable burden with several subjects which none would prefer. All these and such other devices would dishearten the students and unpopularise this science.

We can't say how far it is correct that even unconstitutional ways and means were sought to get the proposal accepted in face of distinct opposition. The recording of the proceedings was not impartial as already objected to by the Health Minister of a State. Here are certain other mysteries that remain to be explained in the report published in various newspapers. It is alleged that certain State Governments are denying any knowledge of certain parts of the resolution as ever adopted. As for example, the part of the resolution that deals with the pre-medical studies was set aside

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for considearation at some next Conference, has been reported in some quarters as adopted. This is said that some Ministers objected to the appointment of Pandit Committee but the protest has not been recorded. The establishment of a separate Directorate for Indigenous System of Medicine was pressed but the proceedings made no mention of this. Representation of Vaids and Hakims on the Medical Council was also stressed.

All these things suggest that the Government is striving to eliminate altogether the Indigenous system from this sacred land.

Several committees appointed by the Government to report on the scientific aspect of Ayurveda, have unanimously declared Ayurveda as perfectly scientific. Even then the biggest spokesman of the Government, Pandit Nehru should publicly denounce Ayurveda as unscientific, is most regrettable. If Pandit Ji refuses to accept anything that is beyond the tests of European sciences, one should not envy him. But how science can detect the difference between Pulstilla 200 and Silica 100 although their respective therapeutic actions are quite distinct ? If not, we humbly request him, while sharing the equal reverence for him held by our countrymen, to refrain from making unscientific and unjust public utterance of such an extreme nature. This is even more ridiculous in view of his most cherished conception of a so-called 'secular state' in which all shall be provided with equal opportunities.

One word about the modern Chemistry. The Chemistry of today finds no difference in the chemical properties of '*shankh bhasma* and *mukta bhasma*, both being calcium oxides and between a coal and a diamond. In view of the failure of Chemical Laboratories giving any analytical difference between substances that have distinct therapeutic properties, the statement that nothing can be accepted which cannot be varified by modern scientific methods looks absurd.

What we mean to stress is that the modern sciences are still in their infancy. The Physics and Chemistry of the first half of the 20th century is becoming obsolete even before the dawn of the second half of the century.

Now the question is whether this Government takes a lesson from the wrong and partial deeds of the past and adopts a genuine attitude for the future? Let us see.

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Studies in Ayurvedic Medicines

By O. N. PERTI

Chemical Laboratories University of Saugar, Saugar.

Part—VI Swarnmakshika (*Chemistry*)

In part—V of this series it was mentioned that *swarnmakshika* is iron pyrite but is often confused with chalcopyrite or copper pyrite. This confusion is not very surprising as it is found in all ancient writings of both east and west. Writers about Ayurvedic medicines have given only physical properties of the ore. These properties are not clear enough to enable one to distinguish between iron pyrite and copper pyrite. In the west the term pyrite was employed by the ancients to denote a number of minerals which gave sparks when struck with hammer. Both Dioscorides (De materia medica) and Pliny (Historia naturalis) have used this term for copper and iron pyrites as well as for molares or mill stones. According to G. Hoffmann (Neues Jahrb. Min., 1878, p. 289) the Grecian word for pyrite is synonymous with the 'marquashitha' of the Arabians. This term was probably borrowed from the Aramæans. It was employed by Aby Mansur Muwaffak, an Arabian writer of the tenth century. Agricola appears to have regarded copper pyrites as a variety of iron pyrites. E. Darmstadter has pointed out in his book Die Alchemie das Geber that the pharmaceutists of the middle ages applied the term for bismuth also.

In connection with his studies on *swarnmakshika* the author was in touch with Late Vaidya Panchanan Gangadhar Shastri Gune of Ayurvedashram, Ahmednagar. Shri Gune has furnished the author with the chemical analysis of four samples of what is believed to be *swarnmakshika*. These analysis are reproduced in Table 1.

Table 1

CONSTITUENT	*No. 1*	*No. 2*	*No. 3*	*No. 4*
Iron	20.73%	43.66%	44.76%	25.56%
Copper	18.12	0.21	0.25	30.01
Calcium	4.32	—	—	6.24
Total Sulphur	29.58	51.63	52.63	36.13
Insoluble Res.	27.25	4.5	2.37	2.06

From this analysis it is obvious that samples No. 1 and No. 4 are similar and different from samples No. 2 and No. 3. Samples

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2 and 3 represent iron pyrite or true *swarnmakshika* and samples 1 and 4 represent copper pyrite or chalcopyrite. True *swarnmakshika* contains very little copper. It is non-magnetic. When pure, the density of iron pyrite is 5.027 at 25°. (Allen et al–Amer. J. Sci., 1912, p. 169). Impure iron pyrite may contain nickel or cobalt probably as isomorphous intermixtures of their corresponding sulphides. Copper may be present perhaps as chalcopyrite and sometimes thallium, silver and gold may also be found. In British Columbia the amount of gold present in iron pyrite is in sufficient quantity to render the mineral a profitable source of that precious metal.

There is no difficulty in distinguishing between chalcopyrite and iron pyrite. Iron pyrite has very low copper content whereas chalcopyrite may have upto say 35% copper. The only other variety of pyrite which is very similar to iron pyrite is marcasite or white pyrite. Chemically they are very similar but they can be distinguished by a very simple test as given by Stokes (Jour. Amer. Chem Soc., 1907, 29, p. 307). Briefly, the test consists in boiling the mineral with iron alum. containing 1 gm. of pure ferric iron and 16 cc. of 25% sulphuric acid per litre. The proportion of sulphur oxidised in the case of pyrites is 60.4% of the total contained in the mineral whereas in the case of marcasite it is only 18%. In Table 2 some important properties of iron pyrites are given.

Table 2

PROPERTY	*DESCRIPTION*
1. Colour	Golden to pale brass yellow
2. Appearance	Striated cubes or pentagonal dodecahedra
3. Crystal system	Cubic (isometric cubes, pyritohedra etc.)
4. Streak	Greyish to brownish black
5. Grains	Often fibrous and radial
6. Fracture	Conchoidal to uneven
7. Density range	4.8-5.8; pure 5.027 at 25°
8. Hardness (Mohs')	6 to 6.5
9. Hardness with steel	6.0-7.0; striking fire readily with weak sulphurous odour
10. Hardness relative to topaz (1000)	182-199

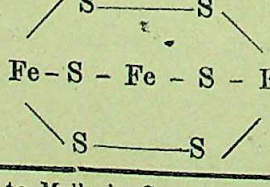
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PROPERTY	*DESCRIPTION*
11. Heat upto 450°	Stable
12. Ignition in closed tube	Yielding a sublimate of sulphur
13. Heat of combustion	1550 calories
14. Specific heat	0.1306
15. Action of air	Stabler than marcasite
16. Alteration	Iridescent, efflorescent or hepatic colour
17. Action of nitric acid	Soluble with separation of sulphur. Dissolves completely in nitric acid of density 1.4.
18. Action of hydrochloric acid	Insoluble
19. Composition	FeS_2

The chemical analysis of *swarnmakshika* or iron pyrite corresponds to the chemical formula FeS_2. In Ayurvedic practice of medicine it is chiefly employed for iron. It is a well known fact that the iron which is assimilated in the body is in the ferrous state. A review of literature shows that the pyrite contains both ferrous and ferric iron and that the molecule is complex. This complex nature of the molecule was early realised by N. S. Kurnakoff and co-workers who gave it the formula (FeS_2) n. (Zeit. anorg. Chem., 1908,60,p. 37) P. Groth suggested that iron in pyrite is in ferrous state and that n=2. Weinschenk took n=3 representing iron in pyrite as one third ferrous and two third ferric. In Table 3 are summarised various important formulæ that have been suggested for iron pyrite.

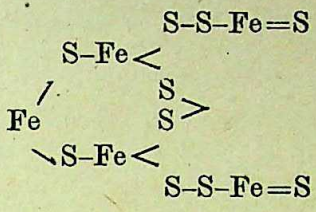
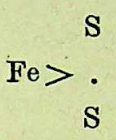
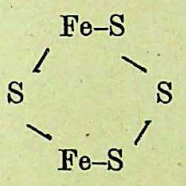
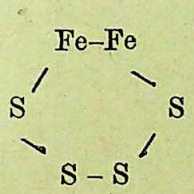
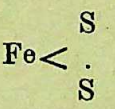
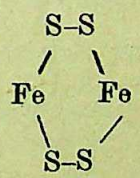
Table 3*

AUTHOR	*FORMULA*	*Proportion of ferrous and ferric*
(1) Weinschenk		Ferrous-1/3 : Ferric-2/3

*Note:—According to Mellor's Comprehensive Treatise on Inorganic Chemistry–Vol. XIV, p. 201—202.

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AUTHOR	FORMULA	*Proportion of ferrous and ferric*
(2) W.B. Brown		ferrous–1/5 : ferric–4/5
(3) J. Loczka		all ferrous
(4) E. Arbeiter		
	or,	all ferrous
		
(5) W.P. Brown		all ferrous
(6) A. Beutell		all ferrous

From table 3 it is obvious that in iron pyrite we have in all probability iron present both in ferrous and ferric state with perhaps ferrous state predominating. It was pointed out by Weinschenk that iron in pyrite could not be all ferric because ferric sulphide is easily reducible whereas the pyrite is not.

Considerable light on the origin of pyrite in nature is thrown by the study of the action of sulphurated hydrogen on ferric sulphate. Even at ordinary temperature the reaction begins with

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the reduction of ferric sulphate to ferrous salt and liberation of sulphur.

$$Fe_2(SO_4)_3 + H_2S \rightarrow 2FeSO_4 + H_2SO_4 + S$$

If, further the reaction is carried out in a closed vessel, iron sulphide is obtained.

$$FeSO_4 + H_2S + S \rightarrow FeS_2 + H_2SO_4$$

At ordinary temperature the reaction is very slow but at higher temperature (200°) it is fairly rapid. It has been found that higher temperature and reduced acidity favours the formation of pyrite crystals. Iron pyrite can also be obtained in neutral or alkaline solutions by the action of sodium polysulphide on a ferrous salt. The products thus obtained are pure iron pyrite. (For details see Textbook of Inorganic Chemistry-Ed. J. Newton Friend, Vol IX, part 2, p. 142).

Certain micro-organisms—bacteria, algae, flagellata, infusoria—indirectly facilitate the formation of pyrite by reducing sulphates and producing hydrogen sulphide. Geologists are of the opinion that pyrites have also been formed in certain cases by direct crystallisation from rock magmas.

When pyrites are roasted in air sulphur dioxide along with a trace of sulphur trioxide is produced. This is often employed for the manufacture of sulphuric acid. This iron pyrite is very slightly soluble in water. From electrical conductivity measurements. Weigel has found that solubility of pyrite from Freiberg was 48.89×10^{-6} gram mols per litre and that of artificial pyrite 40.84×10^{-6} gram mols per liter (Zeitsch. physikal. Chem., 1907,58, p. 293). Solubilities of natural pyrite in a sealed tube at various temperatures have been observed by F. Foreman and results are summarised below :

Table 4

Solubility in water in sealed tube*

TEMPERATURE	*Amount dissolved — parts per million*	
	Fe	*Fe eq. H_2S*
100° C	0.11	0.00
150 „	0.07	0.00
250 „	0.04	19.8
320 „	0.24	51.5

*(Econ. Geol., 1929, 24, p.811)

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It may here be pointed out that distilled water, in presence of air, slowly oxidises pyrites to ferrous sulphate and sulphuric acid. In part—VII of this series the chemical analyses of the treated pyrites and physiological action of the products is discussed.

The author wishes to thank the authorities of University of Saugar for research facilities.

Discussion on Pt.B.V. Degwekar M.A.LL.B.'S Address at Delhi Conference

By

KAVIRAJ S. N. BOSE L.A.M.S. BHISHAGRATNA,

Hingangkat.

(Continued from last issue)

In a previous article I have criticised Pandit Degwekarji's presidential address at Delhi last year and I am again to write a few lines on the concluding portion of his address as published in *Ayurveda*, August 50 number.

He has complained that the Poona Conference has been silent in describing differentially the five types of *Vaayu* and it is blamed to be intentional. I agree that the Poona Conference has not named differentially the five types of *Vaayu dhaatu* in the modern physiological terms but has defined in unambiguous language that the cerebro-spinal and autonomous nervous system, as described in modern physiology, were taken together and put under five different groups. There are five types of *Vaayu* (vide Chopra Committee's report vol. II, Page 216). As the working of the nervous system is considered one way in modern physiology and of *Vaayu dhaatu* in the other way in Ayurvedic physiology, it was most probably found a bit difficult to reconcile the grouping of *Vaayu dhaatu* of Ayurvedic physiology consistently with modern physiology with scientific explanations. But the Conference having reconciled the principles underlying both the physiologies have left the grouping for the time being and for further research. That, in no way, nullify the present findings underlying these principles. Although it has not reached the destination, it has surely advanced a number of steps towards it. It is also a known fact that amongst the three *dhaatus—Vaayu, Pitta* and *Kapha—Vaayu* is the most complicated and intricate factor demanding greatest strain on the human brain to understand or rather to classify particularly in consistence with modern physiology. But they have not degraded *Vaayu dhaatu* of Ayurveda by calling it crude gases of the atmosphere.

Later on Pandit Degwekarji goes on :— "अन्न महास्त्रोत में जाते ही क्रमशः आमाशय में कफ, ग्रहणी में पित्त तथा पक्वाशय में वात द्रव्यों की उत्पति होती है। इन द्रव्यों का संस्कार अन्न पर होकर रसरक्तादि धातुयें बनती हैं। रस-

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रक्त का संचार समग्र शरीर में होकर शरीर के अवयवों में जहां जिस वस्तु की कमी है वहां उसकी पूर्ति करता है। अवयव पुष्ट होने के पश्चात जब दुबारा अन्न महास्रोत में आता है तब उन्हीं अवयवों से पुनश्च कफ पित्त वात द्रव्यों की उत्पत्ति होती है॥"

It can be clearly understood that Pandit Degwekarji has confused the issue. He refers to the return of food in the elementary canal for the second time after it was transformed in रस रक्तादि धातु and has nourished the deficit *dhaatus*. Will he kindly throw light on this topic through modern physiology.

Later on Pandit Degwekarji has criticised Bacteriology and has called it worthless, negligible, despicable and unnecessary. He has commended the field and discarded the seeds. But Western medical science has nowhere discarded the field and depended only on Bacteriology. They have also given equal importance to the body, immunity and vitality. Almost all sorts of bacteria we are ingesting every now and then but we are not getting ill always and with all the diseases known. Whatever bacteria is ingested it must gain some ground to establish these and under suitable conditions will only multiply in force sufficient to defeat the immunity before it can cause a disease. There is always too-ready a force in our body to combat any and all sorts of bacteria ingested and only when this fighting force is overcome, a victim so said to have the disease. So the importance is always with the body and not with the bacteria. But what would you say if you are questioned of the invading agent. According to Ayurveda you may call it त्रिदोष वैषम्य but you are unable to particularise the agent causing this त्रिदोष वैषम्य. Modern Ayurvedic seers explain that an invading agent when overcomes the bodily immunity causes त्रिदोष वैषम्य and later on gives rise to the symptomatology of that particular disease. The reason of diminishing the body immunity i. e. the strength of the fighting force of our body is मिथ्या आहार विहार इत्यादि. So Ayurveda is nowhere polluted if bacteriology is admitted in it.

He has complained that the bacterias of all the diseases have not yet been isolate and defined. He must remember that bacteriology is in its youth still now and a dead lime has not yet been drawn by its sponsors. He writes : - काल के उदर में आगे क्या होने वाला है इसमें हमें कोई प्रयोजन नहीं है। परन्तु जो परिस्थिति आज है उसमें निश्चय होता है यह कि कीटाणुवाद एक परिसीमित वाद है.....इत्यादि। It is a regrettable mentality which has developed in the later life of Ayurveda and made it stagnant to such an extent. In earlier life of Ayurveda, *Rishis* used to meet in conference, exchanged their views, made scientific discourses and finally took a decision on the matter which could have been also modified later on if found suitable and based on science. But they had never this sort of selfish tendency of only to give and not to take.

He has again complained that if the bacteria is the cause why they are not always found in the initial stage of the disease ? Does

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Pandit Degwekarji finds all the signs and symptoms of a disease in its initial stage. He has cited two examples :—one of tuberculosis of lungs and another of typhoid. He goes on saying that in the primary stage of Phthisis Tubercle Bacillus are not found. Does it preclude their existence in the body. They may not be in a sufficient number as to be found out or may be enclaved but their existence is not ruled out. Is it possible to give a definite diagnosis of typhoid fever through Ayurveda on the 2nd or 3rd day of the disease. We may presume, suspect and that is all. The manifestations of typhoid virus take a little more time to be found out bacteriologically but every life has its own span and in certain time it develops to that extent. Who knows the Western pathology will not some day find out some method of diagnosing typhoid fever on the very first day. In reply to his quotations of Sir James Goodheart—that even Bacterias are probably results and not causes—I like to say that in combating the disease, it is a fact that by taking recourses directly against the bacterias concerned—whether it is deemed to be the results or the causes—the virulence of the disease is subjugated and normalcy brought in. Moreover, it has been found out without objection that a particular disease can be caused in a healthy person by injecting or ingesting an adequate quantity of that particular virus. But I am not emphasising on that point. The western Pathology and Bacteriology will establish all these facts. The point of issue is that according to Pandit Degwekarji—the Bacteriology is worthless, despicable, negligible and unnecessary. It may be so with that group of orthodox Ayurvedic physicians to which Pandit Degwekarji belongs, but to a searching and advancing mind it is a necessity. It opens the doors of further investigations in Ayurvedic field as well as in describing the Ayurvedic Pathology in more concrete terms and help finding out special remedies for particular diseases. The orthodox group has been rightly described in Chopra Committee's report :— "some orthodox Vaidyas and Hakims who take their system to be so perfect as not to need either substantiation or improvement" (Vide volume I, page 139). Ayurveda is a science and a science can never be deemed as of limited scope. The more you probe into it, the more you can further its progress towards human welfare. Based on this Bacteriology the western medical system has made extensive progress and day by day they are discovering something for the benefit of humanity. We, in India, must not close our eyes from the rest of the world. Ayurveda is our national pride but we must try to make it of international pride. We know that western scholars are now discovering somethings which Ayurveda had described thousands of years ago. The nuclear physics is the latest example of it. But our Ayurvedic seers of the present day have not learnt the practical side of that science, their theoretical knowledge is limited within the few stanzas of ancient Ayurvedic literatures, where as the Westerners can show us in their laboratory the practical position and functioning of those properties. Should we be blind towards them and forward a cry that it was described in Ayurveda thousands of years ago. The intracranial operations are reported in ancient Ayurvedic literatures, but can any Ayurvedic

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seer of the present day dare perform such an operation although they can boast of having it described in their science? Is it not better if we can describe the functioning through Ayurvedic literature and show them practically through western methods. It is a well known fact that Ayurvedic theory of *Vaayu, Pitta* and *Kapha* in its present form is very difficult to grasp and it takes long years to understand it properly. I am afraid, very few of even the orthodox group have understood it properly still to-day and still very few can explain it in terms easily assailable by the students of Ayurveda. Should we not find out some other means to make this theory easier to understand. If we know something about the bacteria causing the diseases and consistently describe the actions of those bacterias in accordance with our *tridosha*"—"*Vaayu, Pitta* and *Kapha*" along with the pathological conditions in the body caused thereby, in my opinion it will make our science easier to explain to our students than it is at present. We want Ayurvedic Physician to take the advantage of quinine in malaria after only fully acquainting himself with the pathological conditions created in the body by malarial parasites and the properties of that quinine on those parasites with full stress on the condition, circumstances, stage, dose and toxicity etc. and should hate using the same quinine without necessary and adequate knowledge and combining it with some Ayurvedic drugs having anti-malarial prosperties to attire it in Ayurvedic robe with some high sounding Ayurvedic names. It is a pity that this is the practice of even some of the so-called stern orthodox Vaidyas in our country, who outwardly hates Allopathic medicines, Western Pathology and Bacteriology but does not hesitate to undertake these sorts of malpractices. Our Government is baffled by these Hippocrites who always clamour against any modernisation of Ayurveda. They are the reputed Ayurvedic Physicians of the country towards whom the Government looks forward for the right lead but later on gets disgusted with their manœuvrings. Barring a few of liberal views amongst the orthodox group most of them can be blamed the same way.

Coming to the main topic I am to point out that Pandit Degwekarji has written :—"इनमें विकार प्रकृति (अर्थात दोष वषम्यता) जो कि रोग का नाम न समझे तो भी चिकित्सा की जा सकती है। यही आयुर्वेद शास्त्र का महत्व का सिद्धान्त है। फिर कीटाणु ज्ञान की आवश्यकता क्या।" His point can be compared this way :—when we have got legs what is the use of any conveyance". It is a known fact that this laboratory method of diagnosis cannot benefit even a minor fraction of the patients and the treatment of the rest absolutely depends upon symptomatology alone, but does it mean that the knowledge is unnecessay. Even for argument's sake if it is admitted that प्रथम त्रिदोष वैषम्य पश्चात कीटाणु, दोष वैषम्य के किसी एक विशेष आगामी क्रिया काल में किटाणु उत्पन्न होते हैं—should we go on finding out the causes of earthquake when due to it lakhs of peoples are dying of starvation or it is our duty to feed the people first and then at a later stage find out the reason of earthquake and prevent it if possible. When we know that certain bacterias are manifested due to this त्रिदोष वैषम्य and if they

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are not destroyed in proper time, they may cause further disturbances and endanger the life. Should we not first try to destroy the result of this त्रिदोष वैषम्य than grapple in the dark. And to achieve this end we must find out through Ayurveda the particular specific for particular bacterias.

Last of all he says :— "अतः त्रिदोष सिद्धान्त को तुलना में किटाणुवाद उपश्रेणीय है।" I would like to remind Pandit Degwekarji that nothing in this world is negligible. Every minutest thing in this world has its own utility, so is every minute detail of the science. One which is neglected to-day, might prove of utmost importance to-morrow—so cannot be despised. Even if *Tridosh* theory is situated on the highest level, that highest level is made of lower and lowest regions and once you have attained that highest level, you must not forget or despise those lower levels which helped the constitution of that highest level.

Last of all before concluding my article, I am fascinated to quote the distinguished medical scientist, Col. Knowles, I.M.S., Late Director of School of Tropical Medicine, Calcutta. He wrote :—

"Old Ayurveda, modernised and rejuvenated, will not only be the national medicine of India but will play no small part in the uplift of the International Medical system of the world."

May God save Ayurveda from these orthodox groups to bring the above prophecy into reality !

Town Planning in Ancient India

By

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India has now attained independence. Our destiny is now in our own hands. We have no doubt to advance forward according to the times. But, it does not mean that we should fall into the glamour for all things dumped on us from the West. We should use our discrimination to find out whether any new reform would benefit us considering our habits and customs, which are based on social, religious and ethical basis. The science dealing with Town Planning in India is called *Vastu Saastra.* This includes ground (*dhara*), building (*Harnya*), vehicles (*yaava*), couches (*Paryanka*) etc. The buildings (*harnya*) include the building of cities, towns, villages, temples, places and houses, *Praakaarams, Vimaanums, Gopurams, Prasaadams, Mantapams, Sabhas, Arangas, Mathams* and *Aasramams* etc., *Maanasara.*

The Four Aspirations of Man

The object of human existence is not merely to live a happy life for himself. The four aspiration of life are *Dharma, Artha,*

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Kaama and *Moksha*—Righteous conduct, acquisition of wealth, enjoyment of desires and liberation from fear of death. Every thought of a Hindu should fit into this fourfold progamme.

Live Common Life for a Noble End

Town Planning in India does like every other aspects of life, not centre round the individual and his comforts. He has to obey the rules of *Dharma*. *Shukra Neeti* lays down:—

"that the local administrator or king and his ministers called the *Grihadi Pathi* (literally the rule of domestic abodes and buildings) who has the portfolio of superintendents of Town-planning and building operations, must personally inspect the *gramas*, *puras*, *pattanas*, etc., and must learn the conditions of the citizens, and deliberate upon matters brought forward by the citizens for the development and improvement of local administrator or the king who with the advice and aid of the special experts, determine the lines on which development and improvement should take place and enforce the observance of the rules and conditions laid down by the *Shaastras*. A great freedom or scope was allowed for the experts to display their skill in planning, individual character, and imagination. The citizens may construct their residence as suited to their taste, habits and manners and requirements, but must consult the experts and comply with the rules and conditions laid down in the housing and building chapters of the *Vaastu* and other *Shilpa Shaastras*."

Vaastu Vidya which is concerned with home, village, town, city and kingdom planning and Indian civilisation are two things for nearly one ideal. A home, villags, town, city or kingdom is the manifestation of the spirit of its people and the larger body for the soul of the family community or nation. To 'build homes, villages, towns, cities and kingdoms and to 'live a common lfe for a noble end' is the business of large associations of men and of the world.

Vaastu Vidyaa not only expresses the subjects in the term of the Indian Science of Town Planning and Building construction, but also the Indian spirit, Indian culture and ideal. It is concerned with not only the material life, works and interests, and needs but also spiritual, social and political aspirations of the people.

Home a Visible Symbol of National Life

A home, a village, a town or city in ancient India was a visible symbol of the family life, community life and a picture depict as it were, on a large canvas of earth, material, spiritual social and political, achievements. It is no exaggeration to say that *Vaastu Vidyaa* along with the *Shilpa Shaastras* had been a surest guide to lead the people of ancient India along the path of real self expression and the ancient practices and works of craftsmanship which were based on such *Vidyaa* and *shastras* had aided them to wield supreme power and to reach the highest stage of civilisation and provided them the possibilities of a wider control of things for

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an ideal life. It is, indeed, a legacy bequeathed to us, which provides the means by which we can take India once again to the highest position from its present degraded condition.

Every village, town or city is personified as a woman and is regarded and worshiped as a deity. This shows the united effort of the townsman to protect the dignity of the place, of which they are all proud. When *hanumaan* visited the *Lanka*, he had to fight the deity who exclaimed herself "I am the deity of *Lanka*" before he could enter the gates of the Island.

First Lay out Plan of Town, then of a House

Vtswakarma Prakaasikaa says "First lay out the village, town or city and then only plan the houses. Violation of this rule portends and brings evil." All the *Vastu* and *Shilpa Shaastras* lay stress upon the importance and necessity of planning a village, town or city as a whole and of every land within the site selected for it in advance of building operations. They insist upon the laying out of a village, town or city in an orderly, systematic manner fixing its boundaries, its shape its forts moats and ramparts, its road and streets, the division into, wards, blocks and allotments, reservation of places for communal and other general public purposes, the distribution of plots for dwelling houses and other buildings and all other matters concerned with the planning of the whole village, town or city, consistent with the social, agricultural, industrial and commercial, administrative and political needs and convenience. The *Shaastras* enjoin that there should be conscious planning at every stage of the growth of the village, town or city, from the very foundation, and that proper care and foresight should be exercised in its development, improvement and expansion from time to time on orderly lines. The *Shaastras* warn also that an unconscious growth of houses and buildings without settling their proper location and arrangement, leaving insufficient space for streets and roads and other civic factors and upsetting the arrangement of social and religious systems will be detriment to the interest of the general community and of the individual citizen and will seriously interfere with the convenience healthy living conditions, amenity and prosperity of the inhabitants.

The policy and principles of town planning will be determined by the different systems of life pursued or adopted by the communities. In other words, from particular systems of life, definite problems and methods of town planning arise.

Allocation of the Country into Units and Establishment of Villages, Towns and Cities

The systems of life represented by the systems of Town Planning adopted in ancient India, are four viz.,

(i) industrial (including both agricultural and industrial) represented by the system of Village and Industrial Town Planning.

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(ii) Commercial, represented by the system of Commercial Town Planning.

(iii) Administrative, represented by the system of Civil and Military Town Planning, and

(iv) Social and Religious, represented by the Capital or Metropolitan City Planning.

Life, as experienced in India, has been a process or growth almost functional and this growth under a planned country system remained within the bounds of the particular village, town or city system by which at an early stage it expressed itself and according to which it has strived to fashion itself. It has determined for itself both a planned system of functional operations and an appropriately planned place of work and habitations.

In the planning of the Country as a whole five units of division have been adopted. The agricultural unit or *graama* comprises that piece of land whose area is a *'crosa'*—2000 yards square according to Manu, or 2,500 yards square according to *Prajaapathi*. The industrial unit has jurisdiction over 10 *gramaas* or villages. The commercial unit has jurisdiction over 10 industrial divisions or 100 *graamas* or villages. The administrative unit has jurisdiction over 10 commercial divisions or 100 industrial divisions or 100 *graamas* or villages. The social or political unit has jurisdiction over 10 administrative divisions, or 100 commercial divisions, 1,000 industrial divisions, or 10,000 *graamas* or villages. These different jurisdiction have been designated as *Graama, Nad, Oor, Raajadhaani* and *Desha* (which are equivalent to Village, Circle, Taluk, District and Province) and their centres or headquarters have been made *graama* (proper), *Puram, Pattanam, Nagaram,* and *Puri*. Thus according to the *Desha* (political) system, planning a capital or metropolitan city (*Puri*) has been founded for every 20,000 square miles (roughly) the country, a corporated administrative town or city (*Nagar*) for over 2,000 square miles commercial emporium or town (*Pattanam*) for every 200 square miles and industrial town for every 20 square miles, and on agricultural village (*Graama*) for every 2 square miles.

Under the system, the whole of India has been divided into 56 *Deshas* or Political Divisions (Provinces) *Anga, Vanga, Kalinga, Kasimeera* etc.

The general outline of the villages, towns and cities may be square, oblong, circular, semi-circular hexagonal, octogonal, etc. According to *Shukra-neeti shaastra* a village, town or city should have the beautiful shape of a half-moon on a circle or a square and must be big enough to contain a number of wards and divisions. The extent of the village proper has to be about one twentieth of the whole villageship. The same proportion will hold good in this case of towns and cities with reference to the respective town-ships and city-ships. Thus according to the principal types of villages, towns and cities, the extents may be mentioned as:—

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(i) Common agricultural village 1/10th of a square mile or 560 yards square.

(ii) *Puram*—Industrial town—1 square mile or 1,760 yards square.

(iii) *Pattanam*—commercial town—10 square miles or 5,600 yards square.

(iv) *Nagaram*—administrative town or headquarters of a *Rajadhani*—100 square miles or 17,600 yards square.

(v) *Puri*—metropolitan (city or capital of a province or *desam*—1,000 square miles or 56,000 yards square.

The dimensions of the villages, towns and cities will depend upon the shape of their formation and local and environmental conditions. If they are oblong or eliptical, their lengths may be twice, thrice or four times their breadths.

According to the general constitution of ancient India into *graamams, purams, pattanams, nagarams and puras* it may be estimated that there were 500,000 *graamams*-agricultural villages;56,000 *purams*—Industrial towns; 5,600 *pattanams*—commercial towns; 560 *nagarams* administrative towns and cities, and 56 *puris** capital cities of *desas* or provinces. It may be also observed that a *graama* provided accommodation for about 100 families or 400 people, a *puram*--500 families or 2,000 people a *pattanam*--2,500 families, or 10,000 people, a *nagarams* 12,500 families or 50,000 people and a *puri*--62,000 families or 2,5,000 people.

The distribution of population for the whole of India based on the above calculation may be said to be as follows:—

Gramam—pure agricultural	2,24,000,000
Purams—Industrial and artisan	112,000,000
Pattanams—Commercial & Trade	56,000,000
Nagaram—administrative etc.,	68,000,000
Puris—Political, social, religions etc.,	14,000,000
Total	424,000,000

In the *Artha Shaastra* of *Kautalya* it is laid down as follows:—

Villages consisting each of not less than a hundred families and not more than five hundred agricultural people, with the boundaries (including the land under cultivation and comprising the whole villageship) extending as far as a *Kros* (average 2,250 yards square) or two and capable of assisting each other shall be formed. Boundaries shall be denoted by a river, a mountain, forests, artificial boundary walls or fences, or by rows of trees such as '*shaalmali*' (silk cotton trees) '*shami*' (acacia suma) and '*ksheera*' *vrtksha* (milky trees).

It is also pointed out that villages shall be established throughout the kingdom for the sake of administrative efficiency

*The Historical Backgrounds by Dr. Ahanaking See page 66

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and prosperity and that either by indurring people of other provinces or *desas* to immigrate or by causing the excesive population from the overcrowded and thickly populated centres to be transferred, and that villages may be constructed either on new sites or on old sites."

The salient features of a simple type of a village according to to the science of Indian Town Planning.

Each village should have atleast two main large roads, one running north to south and another running east to west. The main north to south and east to west roads should inter sect each other at the centre of the village, where a temple or a public hall surrounded by garden should generally be built. Each of the four blocks into which the village is divided by the main roads should be further sub-divided into small blocks by streets which would be straight and run from one end to the other of each main blocks joining with the central main roads and the outer boulevard. The two main roads crossing at the centre should have houses on both sides or shops only on one side, facing the road. The buildings on these main roads should be atleast two storeys high. The surrounding boulevard may have houses on one side. All the other streets should be occupied by detacted residential buildings on both sides. The houses of all classes of people should have uniform or harmonius designs with good outward appearance and their height should correspond in every street as far as practicable and all buildings in a street should have the same number of storeys. The village should be provided with all the necessary public building, such as a school, library, guest house, club, choultry, museum, theatre, etc., among the boulevard. Tanks and wells should be provided in all the inhabited parks and located in such quarters as can conveniently be reached by the inhabitants of the various blocks. Temples of public worship as well as the public commons, gardens, parks and recreation grounds should be similarly situated. The drains should be made to run towards the sloping side of the village. Each village should have a broad belt of land surrounding it occupied by trees, gardens and woods and common pasture grounds for cattle and also an encircling wall furnished with gates on all the four sides and a brick lined most or an artificial channel connected with any river or fitted with perennial water or with water drawn from some other source."

The planning of the towns and cities also should be on the same lines and principles of garden village planning, and on a large scale and with necessary additional conveniences and amenities. The difference between a village and a town or city is that while the latter is somewhat an artificial development the former is a natural and fundamental unit under the ancient planning of a kingdom. In a village nature directly plays an important rule and it may be said to be one complete garden interspersed with human habitations whereas in a town or city which focuses and embodies the industrial, commercial, administrative and socio-political life of people certain artificial considerations are also brought in and it has to be planned not merely as a garden village, but also with due

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regard to industrial, commercial, and other considerations. In general principle, however, the *purams*, *pattanams*, *nagarams* and *puris* are planned on the garden-village idea. The *puram* is a garden town in the midst of its satellite garden villages planned specially for industrial development besides being a mother village and a central place of administration of 10 villages. The *pattanam* is a garden town in the midst of the satellite garden industrial towns and garden villages, planned specially for the development of large scale trade and of commerce with distant places besides being a mother industrial town and a central place of administration of 10 industrial townships or 100 villages. The *nagaram* is a garden city in the midst of its satellite garden commercial towns, garden industrial towns, and garden villages, planned specially for its civil and military administration besides being a mother commercial town and a control place of administraton of 10 commercial townships, or 100 industrial town-ships or 1,000 villages. Similarly the *puri* is a garden capital city of the whole *desha* or province, planned specially for the general, social, religious, educational and political advancement besides being the mother administrative city and the chief centre of administration of 10 administrative city-ships, or 1,00 commercial town-ships, or 1,000 industrial town-ships or 10,000 villages.

Chief Objects of Town Planning

If there had been in the past any first attempt that has been successful in the planning of towns and cities on the basis of the village unit and on the garden village ideal as well as in the communal ideal, it is to be found in India.

The chief objects among,others, aimed at by the Town Planning system adopted in ancient times in India are :—

(1) To establish and plan in an ideal way five centres of occupation *viz.*, the agricultural centre, the industrial centre, the commercial centre, the administrative centre, the political, religious and social centre.

(9) To provide homes for the different classes of people with regard to their social customs and status in life, and proximity to place of work or engagement.

(3) To reserve sites for houses free of cost and without power to sell away the same, that is if the land is not required or used up by anybody it may be transferred or allotted by the State without having to pay anything for the land.

(4) To secure all the conveniences for domestic living for all the communities alike, to provide properly maintained gardens, groves and selected trees within the city at selected places and thereby creating healthy, beautiful and perence conditions.

(5) To maintain communal life and consciousness in the allotment of places for public squares, public bathing places, rest houses

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and other communal needs, and in locating in seclusive places communal burning and burial ghats and bathing places, slaughter house etc.

(6) Generally a village, town or city as a whole is conceived with reference to some definite system or orderly development, and land laid out for different purposes such as residential, roads, streets, parks, gardens, palaces, temples; tanks, play-grounds, sporting places, schools and colleges, charitable institutions, etc., and kept as public or communal property or property held or transferred in trust.

In early times, when Government was responsible for the planning and development of the villages, towns and cities, Town Planning was practised consistently with the Shastras. It may even be said to have been imposed on the people. It was not, however, the outcome of the whim of an autocratic ruler or the fancy of the aristocratic or orthodox community but one largely bound up with national well-being and having at its object the development of villages, towns and cities for "convenience, sanitary conditions and amenity."

With the development of the science, religion may not hold the same dominating place in realms which may by many considered to be outside its scope, i.e., economic and material, but on the other hand, it is possible that India has something to teach to the world to respect to a fundamental unity between the material, and spiritual, and the permeation of every day actions with the religious atmosphere, something of value, possibly that may have been lost in the scientific materialism of the West.

Important Items of Town Planning

The following are some of the important items required to be dealt within the planning of villages, towns and cities in the ancient Sastras:

(1) Temple shall be built in every village, town and city.

(2) Palaces and mansions shall be built in appropriate places in towns and cities for the residence of the administrator and other chief officers.

(3) Bungalows and dwelling houses for the several classes of people that lead a domestic mode of life shall be built in the parts respectively assigned to each.

(4) *Chutrams, Mathams* and special resting places or homes shall be built in different parts for the people who lead the three modes of life, viz., *Brahmacharin, Sanyasin* and *Vanaprastha* modes of life.

(5) Boarding and resting houses shall be built in isolated places for travellers and pilgrims to halt and mess.

(6) *Mandapams* and *chavadies* shall be built at convenient intervals to provide shelter to people from rains, and sun.

(7) Bungalows, reading rooms and clubs shall be built for the citizens to meet and converse and spend their leisure time joyfully and usefully.

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(8) Public halls and places of worship, public walks, and maidans, public baths, parks, gardens, sports and playing grounds, race grounds, open air meeting places, etc., shall be provided in convenient places.

(9) Colonies of houses and cottages for the poor and homeless people shall be built in isolated localities and near the outskirts of a village, town or city.

(10) *Asharamas* and *salas* including schools and college buildings, boarding and lodging homes for scholars and research students located in the midst of large gardens with facilities for sports and playgrounds shall be provided in convenient places.

(11) Gateways, arches, fountains, statues, memorials etc., shall be built in various parts of the village, town or city, to enhance beauty.

(12) Medical halls and dispensaries for giving medical treatment to people suffering from diseases and isolated homes for them to reside shall be built in as many places as possible.

(13) Prisons, and jails for punishing the criminals and training people to follow right path, shall be built in isolated places.

(14) Public cattle yards and ponds for domestic animals such as cows and sheep to rest and graze shall be provided near the outskirts of a village, town or city.

(15) Public cart stands for carts and vehicles and stable for horses and bulls shall be built at convenient intervals.

(16) *Parnashaalaas* or hermitages for saints and venorous men to live shall be built in the midst of spacious gardens and topes near the outskirts of a village town or city.

(17) Markets and shops for trade and sale shall be located in the specified quartes of a village, town or city.

(18) Manufacturies, store houses of forest produce, arsenels, etc., shall be located in certain specified localities so as not to be a source of danger to health or fire.

(19) Cremation and burial grounds and special tomb sites shall be provided in the specified quarters.

(20) Tanks, reservoirs and wells shall be distributed all throughout.

(21) Broad streets, and roads, avenues, promenades, sidewalks, special passages, and tanks shall be laid out in confirmity to the system of planning adopted.

(22) Special sites for weaving, dyeing, handicarfts and industries shall be provided in suitable places.

(23) Theatres, libraries and *silpa salas* (museums of halls or arts) shall also be provided.

(24) Spacious gardens and topes where fruit trees, flower plants and medicinal shrubs may be grown and birds of innumerable variety may live and sport shall be provided.

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Generally the planning of a village, town or city shall be provided for all matters that are conducive to the common well-being of all human, animal and vegetable lives.

Classification of Sites

Vaastu Vidyaa classifies localities for human habitation under three heads, high, middle and low, and enjoins the selection of a site in a middle country neither high nor low. The importance of such a location which is to be neither high nor low may be understood from the observations made in the Ayurveda. All countries are situated either high, low or middle. (1) The first, *Jaangala desham* is a mountainous or hilly tract in which shrubs are thorny and trees very large; salt water found by digging deep; The air clear and serene and horizon appears at an immense instance. The people usually thin and fond of home. Adversity affects them and the few disorders they are subject to are chiefly nervous (vaatam). (2) The second, *Anoopa desham* is low country. It has a luxuriant appearance proceeding from general verdure and abundance of tanks which are coveted with aquatic plants and contain numberless fish. Trees large, and the plain is studded with palms and date trees. The inhabitants are subject to catarrhal and the harmorrhoidal disorders to obstruction in the abdomen and to swollen legs. They are in general indolent, large and have soft flesh. The disorders they are subject to are phlegmy (*sleshman*) (3) The third *saadharanama* is ordinary country. The air somewhat dusty and dry. The people are in general active, average build and fond of singing and dancing. They are drowsy and in the habit of drinking without being able to quench the thirst. Trees ordinarily and the plain overgrown with shrubs. The disorders affecting the people are bilious (*Pittam*). The intermediate regions approach according to their positions either of these three, or are either *Jaangala Saatharanams* or *Anoopa-Saatharanam*. their inhabitants are generally very healthy and lead a good and pious life.

Our Places of Pilgrimage are Health Resorts

"Our places of pilgrimages are really health resorts developed by our ancients with a zealous care. They realised the hygienic value of plunge baths in a country like India and spent crores of rupees on the constructions of tanks near famous temples. But now such places have become breeding places of disease. When you see the waterfalls, the natural forest scenery and the pure and sweet water called *Teerthas*, you will have to admit that almost all the beauty spots in India have been reserved as health resorts and made sacred in the name of God. If we, as degenerate Indians, have been closing down the tanks and polluting them through ignorance, it is our own fault. When we learn the real meaning of the institutions wisely founded by our ancients, we will be proud of carrying on their civilisation for centuries to come and keep India's glorious banner high.

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Tridosha & Classification of Eye Diseases

By

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The *Rishies* wrote Ayurveda with a certain kind of direct inner knowledge and based the whole philosophy on *Tridosha*. *Tridosha* means three principles used to deal with the disorders of man. To explain these three principles they selected three terms or symbols which could be very well understood by their physical nature. These three symbols are *Vat*, *Pitta*, *Kapha*: but as soon as we speak of these terms and try to apply them for ascertaining the symptoms, causes, classification and treatment of diseases, we find ourselves confused. These terms were used just to simplify the science and art of Indian medicine, though too much simplification has created difficulty in understanding the real spirit behind their explanation.

A symbolic word has a different meaning at each place of explanation but still linked with the symbol. For example, take a symbolic word fire. In material sense one understands what is fire when the wood burns ; but fire will have a different meaning when the patient complains that fire is burning in his body and this means he feels great heat and restlessness ; when the patient complains of fire of appetite and this means he is very hungry. Or when one remarks that he is fire, and this means that he commands great force and power. Now see, at each place the interpretation of fire is different though linked with the symbol. Similarly *Vat*, *Pitta* and *Kapha* terms have been used in medicine at different places and the following are the illustrations :

1. Expulsion of *dosha* in material form : Here mucoid discharge through the eye, nose, mouth or anus is *Kapha*, watery discharge from the eye or yellow bitter vomiting is called *Pitta* ; and passing of wind is called *Vat* ; while purulant discharge is *Tridosha*.

2. Feeling of *dosha* in the body by the patient or physician : Cold feeling is *Kapha*, heat feeling *Pitta* ; feeling of pain is *Vat*.

3. CAUSES OF DISEASES : Man is composed of mind to think and will, of vital to execute the thought and will, and of body to express the thought and will. Here *Vat* is for mind, *Pitta* is for vital or life force, and *Kapha* is for body. A disharmony between the mind, vital and body, or so to say between *Vat*, *Pitta* and *Kapha* is the primary cause of most of illnesses and diseases.

4. To classify the diseases Acharyas have given the same terms, *Vat*, *Pitta*, *Kapha* and added one more term *Tridosha*. So there are four terms used in the classification of diseases—*Vat*, *Pitta*, *Kapha* and *Tridosha*.

1.	*Vata*	means	Painful or paralytic diseases.
2.	*Pitta*	means	Inflammatory diseases.
3.	*Kapha*	means	Non-inflammatory diseases.
4.	*Tridosha*	means	Purulant or degenerative diseases.

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1. *Vataja* Type of Diseases :—All painful or paralytic diseases are classified under this heading. The nevres go under a great strain and there is lack of relaxation.

A woman complained of pain in the eyes and head which lasted from sun rise to sunset. At times the pain was so severe and accompanied by nausea that the family was frightened by her condition. I classified this case under the heading of *Vat* and the trouble was due to accumulation of toxic matter in the brain tissues. The patient was treated by some nasal drops and there was sufficient nasal discharge. This relieved the pressure and the patient was alright from the next day.

The following are some of the *Vataja* type of diseases :

Painful glaucoma	or	*Hataadhimantha*
Neuralgic pain	or	*Anyato-vat*
Pain in the eyeball	or	*Vat-hat-varma*
Blepharospasm	or	*Nimesha*

2. *Pittaja* Type of Diseases.—Diseases in which there is burning or heat sensation, watering or redness are classified under the heading of *Pittaja* type of diseases.

A college student was suffering from redness in the eyes, itching sensation and watering for more than six months. The vision was normal but the eyes appeared as if he had drunk wine though he had not. There was foreign body sensation and discomfort. The patient had consulted many eye specialists and had many a prescriptions of medicines as well as of glasses but there was no permanent relief. He entered may clinic with dark goggles and on examination I noted that he had chronic constipation. His case was listed in the *Pittaja* type of diseases. By enemas, laxative diet, nasal drops and soothing eye drops the eyes became alright in a week's time.

The following are *Pittaja* type of diseases :

Acute conjunctivitis	or	*Pittaja Abhishyanda*
Redness due to acid fruits	or	*Amladhyushita*
Scleritis and iritis	or	*Adhimantha*
Congestion in the eye	or	*Sira-harsha*
Keratitis	or	*Sukra-roga*
Stye	or	*Anjana*

3. *Kaphaja* Type of Diseases :—Non-inflammatory diseases or having mucoid discharge are in this list. For example, a patient complained of constant heaviness in the eyes which easily strained and felt discomfort. There was neither severe pain nor any redness. The vision was almost normal. In another case there was a small tumour on the eye lid and it gave no pain. Both those cases are of *Kaphaja* type of diseases, that is, non-inflamatory conditions.

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The following diseases are classified under this heading:—

Uneasiness in the eyeball	or	*Kaphaja Abhishyanda*
Silent glaucoma	or	*Kaphaja Abhimantha*
Mucoid cyst	or	*Balaasa-granthi*
Pterygium	or	*Shuklaarma*
Diseases having mucoid discharge but no redness	or	*Sraava-roga*
Non-inflammatory big cyst	or	*Lagana*

4. *Tridosha* Type of Diseases:—Diseases in which there is purulant discharge or degenerative changes are taking place or the form and function completely disorganised, are classified under this heading.

There were several patients in the hospital waiting the doctor. Some complained of severe pain in the head and eyeballs, others had redness in the eyes, but there was one lady patient who complained of thick white discharge from the inner canthus of the right eye. Neither there was pain, nor redness. On examination it was found that there was purulant discharge coming out of the lacrymal sac on pressure. This was a case of *Tridosha* type of disease.

The following are a few *Tridosha* diseases:—

Chronic dacryocystitis	or	*Puya-sraava*
Panophthalmitis	or	*Akshipaakaatya*
Boil	or	*Utsangini*
Purulant conjunctivitis	or	*Kardma-vartma*
Vegetation of pustules on the lid	or	*Bahala-vartma*
Staphyloma	or	*Ajakaa*

Note:—A disease may pass under one or more or all the stages. For example, there is some discomfort at a localized place on the lid without any sign of inflammation, this is *Kaphaja* stage. This discomfort turns into a red pimple showing signs of inflammation, and this is *Vataja* stage. Than pus forms in it and this is *Tridosha* stage.

Sushrutta then has classified diseases according to parts of the organ affected. A large number of diseases have been added by the modern ophthalmology. Here I give a list of such diseases about which Sushrutta has written.

Diseases of Eye Lids

Kumbhika	Blepharitis.
Vartma-Bandha	Oedema of the lid.
Klishto Vartma	Inflammatory swelling of lid.
Utsangini	Syphilis of eyelid
	Suppurative Chalasion.

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Angana	Stye.
Utsangini	Chalasion.
Pakshma-Kopa	Trichiasis.
Pakshma-Kopa	Entropion.
(No name given)	Ectrapion.
Vaatahata Vartma	Ptosis.
Nimesha	Blepharospasm.
Pothaki	Herpes Zoster A number of red pustules resembling red mustard seeds.
Vartma Sharkara	A large pustule surrounded by other small pustales covering the entire lid.
Arsho-Vartma	Trachoma.
Shushkrasas	Follicles.
Bahala-Vartma	Vegetation of small pustules on eye lid.
Vartma-Kardama	Swelling of lids with mucoid discharge (conjunctivitis).
Arvuda	Tumour of lid.
Shonitarsa	Soft & fleshy growth on inner lid.
Lagana	Big Cyst.
Visha-Vartma	Eczema-swelling with minute holes in it carbuncle.
Pitta-Srava *Rakta-Srava*	Ephiphora Watering.
Puyaalasa *Puya-Srava*	Chronic dacryocystitis.
Shleshma-Sraava	Dacryocystifus with mucoid discharge.
Parvani	Small Phylectanular Keratitis
Alaji	Bigger Phylectanular Keratitis.

Diseases of Sclera and Conjunctive

(White Part of the eye)

Prastaryarma	Early Pterygium.
Shuklaarma	Xerosis conjunctiva white-Pterygiuv
Lohitaarma	Fleshy growth.
Adhimaansaarma	Pterygium-Symblepherdn.
Snavarma	Pinguicula.
Suktikaa	Sub conjunctival haemorrhage.
Arjuna	Selaritis.
Pishtaka	Vescicle on conjunctiva.

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Siraajala	Extensive redness.
Shirapidaka	Phylectenular conj.

Diseases of Cornea

Sa-vrana Shukra	Ulcer cornea.
A-vrana Shukra	Keratitis, opacity cornea.
Akshipaakaatyaya	Panophthalmitis.
Ajaka	Staphyloma.

Diseases of the Whole Eyeball

Abhishyanda	Ophthalmia.
Adhimantha	Ch-Ophthalmia, excrusiating pain developes, headache, reflex pain Hemicrania.
Sasopha-paaka	Acute iritis, Acute inflammatory glaucoma, Early Panophthalmitis. with swelling.
A-Sopha Akshi-paaka	Without swelling opaque cornea.
Hataadhimantha	Loss of sight, Silent glaucoma, Optic Atrophy etc.
Shushkaakshipaaka	Vision cloudy and difficulty in opening the eyelids, lids dry and hard.
Anyato-Vata	Neuralgic pain.
Amladhyushita Drishti	Swelling of eye due to acid fruits or acid reaction.
Shirotapaata	Deep inflammation, irits, Cyctitis, Uveitis.
Shiraaharsha	Redness in the eye with complete loss of vision. higher grade of Paunus.

Diseases of Pupil (*Drishti*)

Linga-naasha	Cataract-glaucoma.
Pitta-Vidagdha drishti	Objects appear yellow.
Shleshma-vidagdha drishti	Night blindness.
Dhum drishti	Smoky vision.
Hrasva-Jaadya	Small things, dim in daytime while clearer in night or cold atmosphere.
Nakulaandhya	Multicoloured objects in daytime.
Gambhiritka	Contracted, deformed pupil-no reaction in pupil, Anterior Synechia, Posterior Synechia.

Note:—The next article will be on 'Synthetic System of Treatment and the readers may find Eye Troubles in Old Age in English and *Netra-Sudhar* in Hindi very interesting.

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All-India Ayurvedic Congress News

Minutes of the meetings held on 31st August, and 1st September, 1950 of the Committee appointed by the Third Health Ministers' Conference to consider the reports of the Indigenous Systems of Medicine Committee and of the Homoeopathic Enquiry Committee,

1. Indigenous Systems of Medicine

The Committee voted the Hon'ble Dr. T. S. S. Rajan to the chair.

After a preliminary discussion the Committee accepted certain recommendations regarding indigenous systems of medicine, which had previously been adopted by the First Health Ministers' Conference in October, 1946. The recommendations are quoted below from the Report of the Conference (Page 41.)

I. This Conference resolves that adequate provision should be made in the centre and the provinces—

(a) for research in and 'the application of the scientific method for the investigation of the indigenous systems like Ayurveda and Unani' with reference to '(i) maintenance of health and (2) prevention and cure of disease'.

(b) for starting schools and colleges for training for diploma and degree courses in Indigenous Systems of medicine.

(c) for post-graduate course in Indian Medicine for graduates in Western Medicine and vice-versa.

II. In accordance with Resolution No. 13 of the National Planning Committee this Conference resolves 'to absorb the practitioners of Ayurvedic and Unani systems of Medicine into the State Health Organisation by giving them further scientific training wherever necessary 'as health personnal like doctors, physical training experts (ustads), sanitary staff, masseurs, nurses, midwives, etc.

The recommendations under items I (a) and (c) above are in accord with the suggestions put forward by the Government of India for consideration by State Governments.

As regards item I (b) the Committee decided that there should be a degree course and a diploma course in indigenous systems of medicine. It considered at some length the main principles that should govern the training programmes to be recommended for adoption throughout the country in respect of the two types of courses. These principles are summarised later in these minutes.

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Prohibition of Practice by Unregistered Practitioners

The question of prohibiting the practice of indigenous system of medicine by unregistered persons was not, however, accepted unanimously. It was urged by some of the members that, in the interests of preventing quackery, it was essential to prohibit practice by unregistered persons. The others expressed the view that decision on this matter should be left to individual State Governments.

The Degree and Diploma Courses in Indigenous System

A. Preliminary Education Qualifications:

Degree	*Diploma course*
(a) I. Sc. with physics, chemistry and biology.	(a) Matriculation. Provisions should be made during the medical training to give the students an adequate knowledge of Physics, Chemistry and Biology and equivalents standard and left to the State. In a period of five years the standard of admission should be raised to I. Sc.
(b) In respect of both the degree and diploma courses, Ayurvedic students should have an adequate background of Sanskrit education and Unani students of Arabic and or Persian.	

B. Non-Clinical Subjects:

Both for the degree course and for the diploma course the teaching of the subjects of Anatomy, Physiology, Hygiene, Radiology, Medical Jurisprudence and Taxicology will be on the basis of modern medicine.

The standard in each subject for the degree course should confirm to that prescribed by the Indian Medical Council and the standard for the diploma course should be that enforced for the medical licentiate course. Arrangements should also be made for instructions in the Physiology and Pathology of the Indigenous Systems.

C. Clinical Subjects:

The teaching of Surgery, including Ophthalmology and Otorhynolaryagology, Obstetrics and Gynaecology should be, in respect of both the degree and the diploma courses, on the lines of modern medicine and the standard will be University standard in respect of the degree course and the licentiate standard for the diploma course.

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Subsequent interpolation:

Being seriously objected by H. M. Medical Bihar & others it was resolved that paras C & D will be reconsidered by the Central Council of Ministers in its next meeting.

D. Pharmacology:

Materia Medica and Therapeutics and Clinical Medicine should be taught on the lines of both modern medicine and of the particular form of indigenous medicine (Ayurveda or Unani) which the student takes up. Here also the standard required will be, in each subject, those prescribed by the Indian Medical Council for the Degree course and those for the training of medical licentiates for the Diploma course.

E. Period of Training:

(a) For the degree course ... five years

(b) For the diploma course ... four years

In a period of 10 years all institutions giving the diploma course should be raised to the degree standard.

(c) For the Post-graduate course in Ayurveda or Unani for practitioners of modern medicine the period of training recommended is one year.

F. Arrangements for Teaching:

In all the non-clinical subjects it is desirable that the students undergoing training in the indigenous systems should have common instructions, if possible, with the students who study modern medicine.

Claim of Ayurvedic graduates for similar facilities was pressed by H. M. Medical Bihar & others & it was postponed to be decided in the next meeting of the Central Council of Ministers.

Separate teaching arrangements will be necessary in respect of clinical teaching for students of indigenous systems. Well-equipped hospitals with adequate bed accommodation should be provided as well properly equipped teaching departments for the instructions of students in these systems. The teaching staff of these institutions should be adequately paid.

This point was vehemently opposed by most of the States Governments.

G. Establishment of Institutions:

It is recommended that at least one college in each State offering instructions on the lines indicated in these minutes should be started under the auspices of Government or with subsidy from the State.

H. Research:

(a) Research should be developed on the widest possible basis and on the lines indicated in the Chopra Committee's Report.

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No aspect of the indigenous systems—including drugs, principles and practices should fail to receive attention.

Having been found that Pandit's Committee was formed to do away with & to get rid of Chopra Committee's Recommendations & consequently States having disagreed to Pandit's appointment as adviser to Government of India.

Separate Ayurvedic Directorate in which States may have full faith for the Centre was pressed on the 30th August 1950 by H. M. Medical Bihar & C. P. & was supported by Orissa, Assam & U. P. and it was resolved that it may be decided in the next meeting of the Central Council of Ministers.

The Government of India should concentrate on promoting research an speedily and on as thorough lines as possible because it is on the fruits of such research that a solution of the many matters that form subjects of controversy today will be secured.

(b) The Director of the Ayurvedic Research Institute established by the Government of India should also be the Adviser to that Government on all matters relating to the development of Ayurveda in the country.

(c) Suitable steps should be taken for editing and publishing classical texts and for compiling text-books for instructions in the indigenous systems of medicine.

II. Homoeopathy

I. Length of the Course:

Degree course	...	five years
Diploma course	...	four years

J. Standard of Training:

The recommendations made by the Committee in respect of indigenous systems should apply to Homoeopathy in respect of the two types of courses.

K. Homoeopathic Qualifications:

Ayurvedic, Unani and Homoeopathic qualifications should be distinctive and not colourable imitations or qualifications in modern medicine or of each other.

L. Research:

The recommendations of the Homoeopathy Enquiry Committee regarding research are supported.

III. Registration and Regulation of the Profession of Ayurveda, Unani and Homoeopathy

The State Medical Boards appointed for the purpose of regulating registration and practice in these three systems should deal with standard of education with supervision over instructions, and with professional conduct in the espective system.

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These Boards should not deal with problems relating to the starting of institutions and their management as has been contemplated in certain Bills sponsored by some State Governments. Other organisations should be established for these purposes. Those who have qualified themselves after the five-year and four-year courses should be eligible for registeration. Those who take a smaller course should not be eligible for registration. The Membership of the respective Medical Boards should consist of registered practitioners of the systems concerned and of practitioners of modern medicine. They may also have a legal Adviser on them.

It was pressed by H.M.Medical Bihar that Vaidyas, & Hakims, representative may be included in the Medical Council of (Allopathic), Central and Provincial both.

Most of the proposals remained to be considred in the next meeting of the Central Council of Ministers in its next meeting & as such this para is redundant.

'It was decided that the words 'Modern Science' and Indigenous System may be replaced by the Words "Modern System" and "Ayurvedic & Unani Systems".

IV. Conclusion

The recommendations put forward in the preceding paragraphs were accepted unanimously by the Committee, excepting prohibition of practice by unregistered persons. On this there was a difference of opinion.

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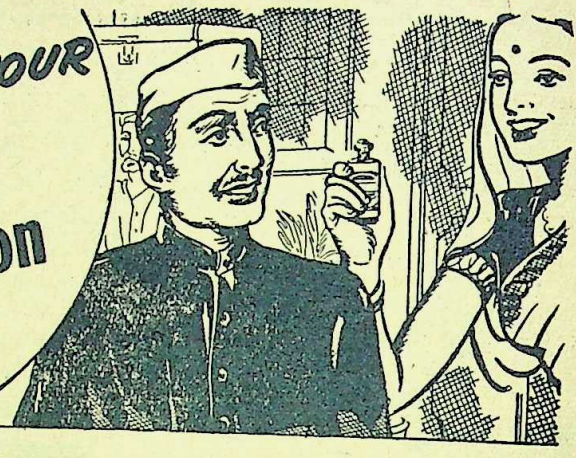
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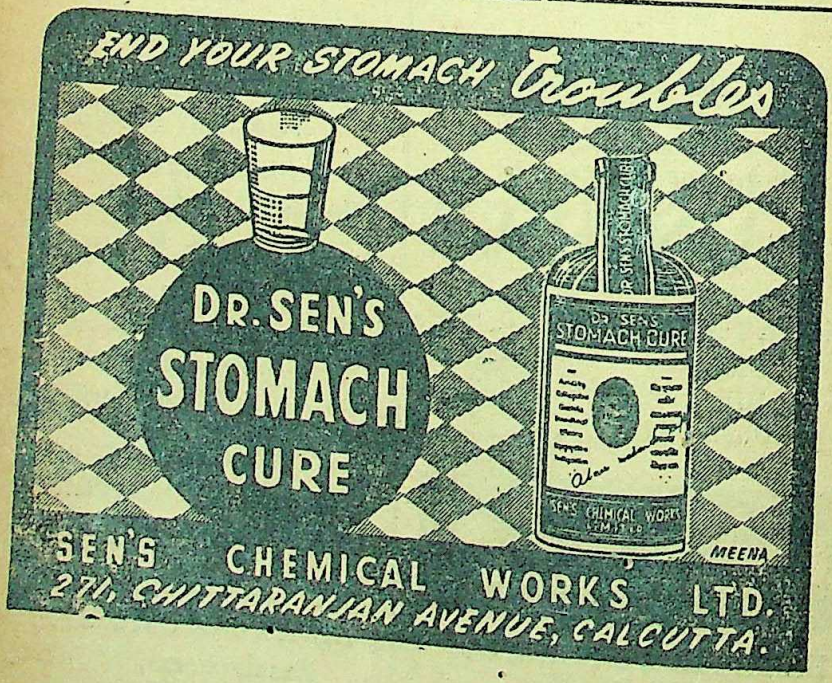
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मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 3 February, 1951 No. 2

EDITORIAL

Yet Another Report !

Our Governments are showing a truly indefatigable zeal in their quest for the possibilities of research in Ayurveda ! Not [illegible] Committee Report the Central

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EDITORIAL

Yet Another Report !

Our Governments are showing a truly indefatigable zeal in their quest for the possibilities of research in Ayurveda ! Not content with the voluminous Chopra Committee Report the Central Government appointed the Pundit Committee to "consider and recommend the steps that should be taken to improve facilities for research and training", and the Bombay Government, perhaps thinking that their existing organization for education and control of education in the Indigenous Systems of Medicine may not know how to implement the recommendations of this *Central* Committee to their own 'local' variety of Ayurveda (?), appointed a Committee of their own to

> "lay down the general principles of research in Ayurvedic Medicine, to frame a long-term programme of research, to recommend an Institution or Institutions where *such* research work should be carried out, and to consider any cognate questions relating to research in Ayurvedic Medicine, etc."

The report of this Committee is now published and we are extremely pained to have to observe that this report does not tread over a single inch of ground that had already not been covered by previous reports, or would not have been covered by any single Ayurvedic scholar if he were asked to submit his individual views in the matter. The recommendations of the Committee, such as they are, and, paradoxically, extremely self-contradictory as they are, may be said to be generally acceptable, and a certain section of the lay press has even welcomed them. What the Ayurvedist fails to understand is the palpable confusion in the minds of the authors of the Report. The first recommendation of the Committee is, for instance, that the methods of Research should be *in accord with the Ayurvedic system itself*, and they admit that "the study of *Dravya-Guna-Rasa-Veerya-Vrpaaka-Prabhaava* is difficult,".....is it possible ?..... 'in the laboratories of the western type", yet they recommend the appointment of a whole time Pharmacist and

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Chemist (Ph. D., M. Sc.), and a whole time M. Sc., Ph. D. (!) for high class chemical work !! Perhaps this illustrious scientist is to find out the pharmacological properties of single remedies, which the Committee recommend, should be explored first ! The experts of the Committee after all their deliberations.....they met fully eleven times (!) 'officially',.....have only come to the stage of accepting a given interpretation of the *Tridoshas* as a "working hypothesis" and advocate a blood-examination.....(is this in accord with Ayurvedic methods ?) in patients suffering from well-defined and gross derangements of the *Doshas*, to indicate their presence or absence qualitatively, and go on to say that should this fail to lead to a conclusive result, it cannot discredit the original *Tridosha* theory, but can only show that this approach is unsuitable" ! These experts were sure that some of the questions asked by them in their 'questionnaire', were answered in the Ayurvedic literature itself, and all that their esteemed collaborators had to do 'was to cull appropriate extracts from eminent ancient works and give renderings of the same with more or less explanations !' and yet this questionnaire was drafted by them to

> "remove the superfluities and inconsistencies in Ayurveda, to understand it in its true perspective, to make the aphorisms more comprehensible, to bring (Ayurveda) in alignment with modern methods of writing *literary* works, and to make it understandable to students !"

and, as if this was not enough, they go on to recommend that fixed meanings must be given to terms in Ayurvedic literature, that THIS WORK SHOULD BE TAKEN UP IMMEDIATELY IN HAND, and yet again,

> "the *Dharmashastras*, *Smritis*, *Darshanas*, *Arthashastras*, Vedic literature, *Mahabharat*, *Puraanas*, etc. will have to be studied to make Ayurveda clearer still !"

Thus it does, after all seem to be CLEAR atleast to a certain extent !

The whole report is full of such contradictions, a sure sign that the authors of the report have not made a serious attempt to go to the root of the problems involved, but have served a kind of made-to-order pie, in which both the Ayurvedists and Allopathists have inserted the fingers of their own points of view, gaining something and losing something, with the result that very absurd type of recommendations have been made to Government in all seriousness ! We have, we know, to concede the point that this Committee is not the only body which deserves to be blamed for this truly deplorable state of affairs in Ayurveda, for, our 'Ayurvedic experts' have themselves continuously gone on pressing obviously absurd views like, for instance, the contention that Carbon-dioxide is "*Apaana-Vaayu*" and Oxygen is "*PraanaVaayu*" etc. which prompted so much discussion in a serious assembly of 'experts', specially selected and recognised by the Mahasammelan, (!) at Patna very recently. What kind of a Carbondioxide and Oxygen mixture does Mr. Degwekar think is present in the Oogonium or Spermatogonium or the Zygot nucleus which enables all the three

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types of cells to continue their Karyo-kinetic divisions, and, in the case of the two former cells, makes them drop the typical division and give an a typical one at a particular stage ? What kind of *Vata* these cells, the '*Shukra-Shonita*' of Ayurveda, are supposed to possess in the reckoning of the 'experts' ? Or do they seriously wish to contend that these cells of the "*Khudika-Garbhavakranti*" have no *Vata-Pitta-Kapha* ? In the midst of such confusion in the minds of our 'own' experts we cannot really blame the Committee for making the recommendation that a few diseases of gross derangement of the '*tridoshas*' should be selected and "all possible examinations in the diseases mentioned should be carried out", and that blood-examination in all its aspects should be "one of the methods of elucidating the presence and quality of these *Doshas*". Taking Epilepsy (*Apasmara*), suggested by the Committee for such investigation, Ayurveda clearly states that in it *Satva* (*Guna*) is overpowered by the *Raja Tama*, the 'Mind' gets a 'trauma', and the heart (?) gets occluded by the *Doshas*,* and it is difficult to imagine what the Committee, or our much boosted *experts*, think could be, or would be, established by blood-examinations, in the absence of any definite meanings of the terms *Hridaya* and *Mana* even if one imagined for the moment that the *Doshas* were identified, a thing which is far from achieved ?

With the Ayurvedists' house thus completely divided against itself, it seems to us that even Ayurvedists of the calibre of Acharya Yadavajee have had to content themselves, while serving on such Committees, with obtaining semi-patronising admissions like the Committee's : "Should the blood-examination not lead to conclusive result, it cannot discredit the original *Tridosh* theory, but can only show that this approach is unsuitable" !

The Committee sent its 'Questionnaire'—we have already referred to its aim of clarification of Ayurveda,—to about 900 people, only about half of whom were Ayurvedists, the rest being made up of about 200 allopaths, over a hundred Doctors of Science and Literature, and over 50 'interested individuals'. The Committee received fully less than 10 per cent answers, (!) thus showing that the drafted report is the brain-child of the members of the Committee themselves, and not of any independent thinkers. It is not to be wondered at, then, that with their prejudices the allopaths on the Committee have succeeded in making the Committee, as a whole, to make such astounding statements and recommendations as :

> "The *Panchabhoota* and *Tridosha* Doctrines of Ayurveda,..... have so far proved such a highly philosophical and controversial point among the various schools of thought in Ayurveda, as to produce an amount of literature which is difficult to keep in touch with, even for the best of partisans in Ayurveda. We feel that nothing more useful would be discovered hereafter, (! to provide decisive arguments,.....and THAT A FIRM CLOSURE

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* रजस्तमोभ्यां विहते सत्त्वे दोषावृते हृदि, मनस्यभिहते नृणामपस्मारः प्रवर्तते ।
च० चि० अ० १०।४–५

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SHOULD BE APPLIED BY GOVERNMENT ITSELF, ON BEHALF OF THE *MAJORITY* VIEW (!),

and,

> "a Committee of fifteen experts in Ayurveda,...including some who have received training in Western Medicine,...should be appointed to discuss this subject, and to deliver a unanimous or majority judgment...!"

Could anyone imagine this to be the considered view of a Committee of 'experts' entrusted with the task of making recommendations regarding research in a 'scientific' subject ?

But who is responsible for this ? Again, we feel; it is our own Ayurvedic experts on the Committee, not, we regret to have to record, excluding Acharya Yadavajee himself ! For who be responsible for the inclusion of "Psychology in Ayurveda" as one of the subjects for Research, with such an emphasis as to lead the Committee to

> "firmly believe that interesting and instructive information would thus be available for the elucidation of both mental and bodily diseases and add something substantial to our knowledge of Mental health, Intellectual health and Spiritual health....."

except these ? Flattering as the statement is, we feel it is biting far more than Ayurveda can ever chew, for has it not been categorically and without any mincing, stated in the very first chapter of Charaka-Samhita, that, a mere mention has been made of the '*manasa*' (psychological) *doshas*, in it,

> ("*Vayuh Pittam Kaphaschoktah SHAREERO-Doshasangrahah*
> *Manasah Punar UDDISHTO Rajascha Tama Ewa Cha,*"

since, in the words of the learned commentator Chakradatta, "in this science (text), EXCLUSIVELY DEALING WITH THE DISEASES OF THE BODY, (*Kaya-chikitsarupe Tantre*), it would be IRRELEVANT (*aprastavikatvat.*) to deal with them ?* Ayurveda, as we have sometimes referred to in these columns before, has suffered much from the over-enthusiasm of some of its protagonists to establish it as having something more than the modern medical systems. The idea that Ayurveda also treated of bacterial diseases, for example, is, in our humble opinion, a conception which, if it brings 'kudos' to some superficial scholars of Ayurveda, at the same time brings its all pervading basic conceptions into disrepute : Once having classified diseases as being due to *AAHAAR* and *VIHAARA*, the Bacteria, such as they are, automatically fall into the *Ekaanta-Hitakar* or *Ekaanta-Ahitakar* categories according to whether they help or disturb the *Tridhatus*, and all varieties of infections, acute, sub-acute and chronic easily fit in with the Ayurvedic conceptions of diseases varying in intensity, as *DOSHA-KALA-BALA-ABALA*. Yet what pains we are taking to explore

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* पुनः शब्दोऽवधारणे तेन मानस उद्दिष्ट एव परं न शारीरदोषवत् प्रपञ्चितः, मानसदोषाणामस्मिंस्तन्त्रे कायचिकित्सारूपेऽप्रस्ताविक त्वादिति भावः ।

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the *Vedas* and the *Puraanas* to find out descriptions similar to some of the present day disease-causing microscopic parasites ! It is this haphazard, somewhat servile attitude of our eminent Ayurvedists which leads to 'experts' "who have received training in Western Medicine", so easily foisting their ideas as 'fundamental' in the Research of Ayurveda. Examine, for example, the idea of this Committee to study Facial Paralysis and Hemiplegia (*Vata-Roga*).....(actually, we think, '*Pakshaghaata*', Facial Paralysis also being *Vata-Roga*,).....because 'they are often a despair to the Western Physicians', by examination of the blood etc. Facial Paralysis, (*Ardita*) whether the result of obscure pathological causes like Polio-Myelitis, or Disseminated Sclerosis, or of unknown pathology described by naming it 'idio-pathic', and Hemiplegia, whether the result of Haemorrhage, Thrombosis or Embolism, will both be classified under '*Vata-Rogas*' in Ayurveda, and will receive similar line of treatment : *Vata-Jaya* : The success of treatment will only prove the validity of the Ayurvedic conception that (nerve)–impulses of the body get disturbed as a result either of weakness of the tissues or of their paths getting obstructed. (*Vayoho Dhatukshayat Kopah, Margasya Awaranena Wa*): Strengthen the tissues or remove the obstruction and the *Vata* will be '*Anuloma*' i. e. normal. It will, incidentally, also give the lie to the idea that Carbon-dioxide, Oxygen, or their mixtures in any percentages, have anything to do with this derangement.

Tho Committee's recommendations, perhaps largely due to the restraining influeace of Acharya Yadavajee are, we are glad to note, made in good faith and without malice, even if they are wide of the mark. For reasons stated above they are likely, if followed, to prove to be a search of a mirage, for no experts can find out what is not or could not be ! (*NA HI SHASHAKA-VISHANAM KOPI KASMAI DADATI* says the Sanskrit adage). We earnestly urge the Bombay Government, therefore, that what should be undertaken first and foremost, EVEN EXCLUSIVELY, would be a determination of the fundamental concepts of Ayurveda in the light of known facts, and when a Hypothesis seems to answer all known facts logically, further research should be undertaken on the lines suggested by the Committee. To arrive at *majority* decisions in a matter of science, is, to say the least, injudicious. Nor will all the expenses recommended by the Committee be properly incurred until such time as atleast a 'prima facie' case is made out that pursuit along the lines will lead to tangible results. If another 15 experts, each driving tangentially, if not centrifugally, to the real central principles of Ayurveda are entrusted with the task of establishing, BY LAW (!), the theories and text-books of Ayurveda, as the Mhaskar Committee regrettably advise doing, the result we feel, will be nothing better than what would deserve to be described as

YET ANOTHER REPORT !!!

N.R.A.

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The Pancha Bhootha Theory

By

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The study of *Panchamahabhootha* theory of matter in the light of recent advances made in Physics, Chemistry, Astronomy etc., will be of considerable interest to workers in natural and related sciences. Such a study is bound to illumine many obscure problems—relating to matter, life, mind etc., which are baffling scientific workers in the concerned fields. If properly viewed, it would be found that the theory begins where modern advances in Physics end. It will very shortly be shown how the foregoing statement is justified.

The *Panchamahaabhootha* theory is comprehended by the philosophical systems of India. Of them the *Saankhya, Nyaaya vaisehika* and *Vedaanta* systems of philosophy are important. The term Philosophy has in the past been misused often to comprehend the supernatural and superstitious. It has also been confused with religion. This term has, in reality been, understood then, as now : (1) "the science which aims at an explanation of all phenomena of the universe by ultimate causes, and (2) the knowledge of phenomena as explained by and resolved into causes and reasons; powers and laws."

Philosophy has been classified under three broad based headings viz.,

(i) Natural Philosophy—Physics, Chemistry, etc.,
(ii) Mental Philosophy—Metaphysics, and
(iii) Moral Philosophy—Ethics, etc.

The quest for knowledge of ultimate cause—Enquiries into or elucidation of the ultimate causes of all phenomena of the universe, are in a way, enquiries into man himself who is a part of it. "Before he can understand himself he must first understand the universe from the dust of which his body has been formed and from the events of which all his sense perceptions are drawn. Man wishes to explore the universe both in space and time, because he himself forms part of it and it forms part of him."

Man has, during the last 150 years, made amazing progress and explored almost every aspect of his surroundings and built up such sciences as Physics, Chemistry, Geology, Astronomy, etc. His knowledge of innert matter has been so much extended that by applying the same he has very considerably advanced his existance in comfort. In particular, the advances he has made in different aspects of preventive and curative medicine have been phenomenal that, most if not all infections or bacterial diseases have been prevented. In more than one sense, they have become matters of an interesting past. The average expectation of

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life has been increased from what it was during the corresponding period of the last century. Thanks to the great advances made in Midwifery, maternal and infant mortality have been considerably reduced. Surgery too has contributed to the lessening of mortality rate to an amazing degree. Death, due to bacterial, obstetrical and surgical disorders, have been reduced to negligible figures. But this has in no sense reduced the total death rate. If preventive diseases have been prevented and the average expectation of life has been extended, degenerative diseases, diseases of the nervous system, and diseases of the mind or mental abrasions such as neuroses, psychoses, insanity and the rest have increased.* The shift from the old order of socio-economics based mainly on agricultural and rural life has yielded to vastly complicated urban civilisation based on industrialisation—the shift has been from rural to urban life. The raising of the standards of living keeping pace with rapidly advancing and complicated urban civilisation has made the needs of man increase in proportion. From the simple needs of the simple folks, the needs of the complicated urban civilisation have made for maddening and ceaseless activity. It has effected revolutionary changes not only in man's surroundings but also on his outlook, habits etc.† The sceptre of death now some what deferred but not banished due to the contribution of biological and medical sciences, still continues to hold the thoughts of men all over the world in its grip and make them suffer from unexplainable uneasiness and misery. In the final analysis, the condition of man, though vastly different from what it used to be, remains fundamentally rooted in the same complexes which held their ancestors in their grip. The striving for food, sex, goal seeking which in most cases has been sex-lust

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*We are confronted with much graver problems which demand immediate solution. While infantile diarrhoea, tuberculosis, diphtheria, typhoid fever etc., are being eliminated, they are replaced by degenerative diseases. There are also a large number of affections of the nervous system and of the mind. In certain states, the multitude of the insane confined in the asylums exceeds, that of the patients kept in all other hospitals. Like insanity, nervous disorders and intellectual weakness seem to have become more frequent. They are the most effective forms of individual misery and the destructions of families. Mental deterioration is more dangerous than infectious diseases to which hygienists and Physicians have so far exclusively devoted their attention." 'Man the Unknown;' Alexis Carrel, (Pelican). Page 31.

†"Profound changes imposed on the habits of men by the application of science, have occurred recently. In fact we are still in the midst of an industrial revolution. It is difficult, therefore, to know exactly how the substitution of an artificial mode of existence for the natural one and complete modification of their environment have acted upon civilised human beings. There is, however, no doubt that such an action has taken place.....It is certain, nevertheless, the health is improving..... .....not only has mortality decreased but each individual is handsomer, larger, and stronger. To-day children are much taller than their parents.....However, the longevity of the man proficient in all kinds of sports and enjoying every advantage of modern life is not greater than that of their ancestors. It may even be less. The resistence to fatigue and worry seems to have decreased. It appears that the individuals accustomed to natural bodily exercise, to hardships and to the inclemencies of the weather, as were their fathers, are capable of harder, and more substained efforts than our athletes.....They easily break down. "(Alexis Carrel—Man the Unknown, Page 30-31).

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and power-lust and the fear of pain and death still remain as potential and inexorable factors as ever-apparently man's mastery over innert matter and control over his immediate environments could not obviously help him to solve the various miseries engendered by his desires, cravings and urges and consequent competitions, struggle, striving, ambition, frustration, disappointments and finally constant dread of pain and death.*

As felt and expressed by leading scientists and thinkers to-day, the obvious difficulty lies in the fact that while man has succeeded in learning the secrets of the constitution and properties of matter, gained mastery of almost everything which exists and explored the physical universe and conquered his environment he has not so far explored the nature of the universe which is himself. The difficulty is largely due to the study of man in his various parts. The knowledge of each part has become a specialised subject. As some wise man had stated, more and more is known of less and less. Vast amount of knowledge of details have grown, that it is almost impossible for any one individual to master any one branch of it in one's life time. Knowledge of the whole of which the part is only a fraction, of a synoptic of wholtestic view of 'life' and 'man' apparently difficult of accomplishment, as, for that purpose, all the accumulated knowledge of details and parts have to be synthesised and the entire schemate of the man worked out.† In the absence of a total picture of men, the purpose and goal of life, or better still, the why and wherefore of life happiness, joy, contentment, peace, etc., is not possible and miseries of various kinds may continue to make man more miserable.

The approach of the ancient sect scientists to the problem of man, his environment and his setting in the universe was directed to an attack on the fundamental issue of the origin of all things, which according to modern savants are matters with which metaphysics, and not science, is concerned.

Happily for us of the present generation, the rapid advances in "Physics. Astronomy and Psychology" have led the scientist to stray into the realms of metaphysics justifying fully, the approach to the problems under discussion of the ancient Seer Scientists of India. The dictionary meaning of the term metaphysics, by the way is "the science which investigates the first principles of nature

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*"The science of living beings in general, and specially of the human individual, has not made much progress. It still remains in the descriptive state. Man is an indivisable whole of extreme complexity. No simple representation of him can be obtained. There is no method capable of apprehending him simultaneously in his entirity, his parts and his relations with the outer world.....We now possess such a large amount of information on human beings that its very immensity prevents us from using it properly..... It is quite evident that the accomplishments of all sciences having man as an object remain insufficient and that our knowledge of ourselves is still most rudimentary." *Ibid*

†Ontology is the science of being in its most general aspects. It investigates realities like 'being,' 'cause,' 'effect,' 'relation,' 'quality,' 'essance,' 'existence,' 'change,' 'substance,' 'accident' etc. and the life 'categories.'

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and thought; ontology and science of being* in its most general aspects." Only very recently Prof. M. Born F. R. S. quoted two modern definitions of this term in his Joule Memorial Lecture on "Physics and Metaphysics' viz. Metaphysics is an unusually stubborn effort to think clearly" (William James) and Metaphysics of the attempt to concieve the world as a whole by means of thought" (Bertrand Russel).** He, however, claims to offer a 'more modest' definition of the term, viz., " as an investigation of the general features of the world and of our methods of dealing with this structure."***

The reason why metaphysics which was deemed as a philosophical system of speculation, absolutely alien and opposed to the scientific methods of material sciences is now attempted to be salvaged from the limbo of oblivion to which it was consigned during the last 150 years by theoretical physics, inherent in the very nature or the advances made by the former sciences, which have led the scientists into a world of thought and speculation.

The pursuit of knowlege of 'matter' has taken the scientists beyond the realms of the seen or the realms of sense perception, to realms of intellectual abstraction. This has raised an interesting but a familiar discussion on the 'seer and the seen' or 'subject and the object.' Einstein, Bhor and Born and the rest of the front line scientists of the day are of a school which taught that 'there exists an objective world, which unfolds itself according to immutable laws independent of us; we are watching this process as the audience watches a play in a theatre, and of them, some subscribe to the view very much like the *advaithic* that "there is no objectively existing external world, no sharp distinction between the subject and the object," and following on Henri Poincare some among them hold "All human concepts are free inventions of the mind and conventions between various minds; they are justifiable only by their usefulness in ordinary experiences." Much of the metaphysical accrobatics now proceeding on high scientific levels involves considerable amount of speculative reasoning of a high order.

(*To be continued*)

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*"Being is here taken as the opposite of 'nothing' and it means anything that really is or can be..... ..In special sciences 'being' in some form or other is also the material object with which they occupy themselves; but they always treat of some particular kind of being e.g. Physics of material qualities and forces of objects. Chemistry of the constitutive elements of bodies; Biology of vital functions and so on" (The Domain of Being Gelestine N. Bittle O.F.M. Gab. Page 6)

**Read to the Manchester and Philosophical Society in February 1950 Published in the Science News 17.

***Discussing the definitions of Metaphysics offered by William James and Bertr and Russel, and his reason for offering a more modest' definition, Professor M. Born says : "These formulations stress two important aspects: one the method : stubborn clear thinking; the other, the object : the world as a whole. But is every case of stubborn clear thinking metaphysics ? Every scientist, every historian, philologist, even theologian should claim to think clearly. On the other hand, the world as whole is a subject not only vast. but definitely not closed, open to new discovery at any moment, therefore not exhausted and probably inexhaustible; in short, the world known to us is a never a whole.,,

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The Future of "Ayurveda" in India

By PROF. P. RAMASWAMI AYYAR, M.A., A.I.I.Sc, F.A.Sc
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Introduction.

The status of Indian medicine in India has still to be officially recognised and established throughout the country in a uniform manner. It is a pity that in a country where the science of medicine, "Ayurveda" has been known as an integral part of the texture of scriptural knowledge of the external *Dharma* of the "*Vedas*", should still be struggling for its rightful place in the medical institutions of this country. King Bhoja has long ago pointed out that for nations, as well as individuals, true progress and prosperity can only come as the reward of righteous conduct based on a sound knowledge of the laws of life and health learnt at the feet of the dedicated teacher-professionals of the country. Indeed a sound body is the foundation for all higher culture.

उच्चैर्गतिर्जगति सिध्यति धर्मतश्चेत्
तस्य प्रमा च वचनैः कृतकेतरश्चेत्
तेषां प्रकाशनदृशा च महीसुरैश्चेत्
तानन्तरेण निपतेत् क नु मत्प्रणामः।
(चम्पू रामायणे)

"शरीरमाद्यं खलु धर्मसाधनम्"
(कुमारसंभवे कालिदासः)

It is therefore a matter for great gratification that a most inspiring, comprehensive and scientific lead has been given to the country by the dinstinguished and representative committee on Indian medicine appointed by the Central National Government in January, 1947, to report on subjects of such vital importance to the nation as medical education, medical relief and medical research.

Historically speaking, the Chopra Committee of 1947 was the first All-India Committee to be constituted by any Central Government to report on Indian medicine in a comprehensive manner. However, as early as 1916, a resolution was passed in the Imperial Legislative Council of that time asking for an investigation into "the possibilities of placing the indigenous systems of medicine on a scientific basis and increasing their usefulness". The resolution was supported by distinguished partiots of the time including the late Raja of Panagal, Surendranath Banerji and Pandit Malaviya among others. But no action was taken on this resolution. Further the Bhore Committee on Health Survey and development appointed by the Central Government a few years ago submitted its report in 1946; but they studiously avoided making any comments or recommendations in regard to the indigenous systems of medicine.

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The present report is therefore a document not only of the greatest scientific value, but also of the greatest historical interest. A perusal of their recommendations in Vol. I of 200 pages and of the learned memoranda contributed by witnesses in Vol. II of 550 pages will fill any scientist with hope and confidence regarding the future status and development of Ayurveda in this country.

It is rather difficult to summarise in one short article all the valuable suggestions and recommendations, contained in the above two volumes, which should be read in extense by every patriotic scientific of this country. The following observations therefore are more suggestive of the principal features of the report than being an exhaustive account of them.

(1) Ayurveda bas been established not only as an original science of medicine but also as a rich store-house of medical principles and generalisations which can be of great value to modern science in general and to modern medicine in particular.

(2) The government should therefore set up a Board of experts for editing and publishing the classical texts of Ayurveda as well as for compiling the right kind of textbooks to harmonise the teaching of ancient and modern knowledge.

(3) Science is universal and medical science is no exception to this rule. Integration of Indian and western medicine therefore in the medical schools and colleges of India is not only possible but quite necessary in the harmonious interests of the comprehensiveness and philosophic background of the ancient Indian system of medicine.

(4) A sound Degree course in Medicine with a curriculum of studies extending to five years has been so arranged as to give the student adequate knowledge of Indian medicine with the essentials of western medicine. This curriculum is applicable to the whole of India, and a detailed syllabus has also been furnished, on pp. 101-3 of Vol. I of the report, the basic qualification for admission to the degree course bears the standard of the Intermediate with science optionals.

(5) A shorter-term course of 3 years is proposed to be conducted for an interim period till adequate medical personnel becomes available for regular service in the rural areas, as qualified medical licentiates.

(6) The pressing problem of immediate rural medical relief should be solved by making use of the existing practitioners of Indian medicine after giving them a six months' training in public health and other essential subjects. The same course can be given to those graduates and licentiates of Indian medicine who will be taken for service in the scheme of rural medical relief.

(7) Taking into account all the available medical personnel for public service in India, it is possible to offer one medical

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officer to serve about 3000 of the rural population of India for medical relief purposes.

(8) The total cost for medical relief alone is expected to amount to a capital expenditure of about 25 lakhs of rupees with a recurring grant of ten lakhs for the whole of India.

(9) The State control of medical administration is to be effected by a comprehensive act of the Central Government for the registration of medical practitioners throughout India, and for the supervision of medical education through an authoritative medical board of experts.

(10) The final consolidation of the Ayurvedic system is to be effected by a comprehensive programme of research to be carried out in Central and Provincial research institutes and colleges into the various aspects of medicine, enumerated below with due regard to Ayurvedic principles and traditions.

(a) Literary : Publication of authorised texts of medical treatises.
(b) Clinical research in suitable hospitals.
(c) Research in fundamental doctrines of Ayurveda.
(d) Research in dietetics.
(e) Research on drugs and their Pharmacology.
(f) Research in Psychological medicine.

The total cost for the General Research institute amounts to a capital grant of five lakhs of rupees and a recurring expenditure of two and a half lakhs.

(11) Volumes can be written in explanation of the fundamental importance of each of the above items of research, but what distinguishes human culture from animal and plant cultures is the role of the mind in the maintenance of health and in the conquest of disease. This importance of psychological medicine has been a special feature of Ayurveda which is now being appreciated by medical philosophers all over the world, as for example, Dr. Rhine of Dube University U. S. A. who is investigating the extra-sensory-perception abilities of different individuals. In fact it is the experience of every deep and serious investigator of even observational natural phenomena that the fundamental ideas underlying his subject are secured, in the first instance, more by the super-sensory powers of the mind acting during the processes of medicational and intutional study of the phenomena rather than by mere observation of them. These ideas very often prove in practice to be capable of verification by facts of later experiement and observation, when a research is made for them afresh. This is not a subject, however, for platform oratory or journalistic propaganda. One is therefore not surprised to find that regular journalists who are ordinarily accustomed te cater to racial and communal world by interests should ridicule this psychological spirit of enquiry and research in medicine as did the "Sunday Statesman" in its recent editorial of Febrnary 20, 1949, under the

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caption "Medical Amalgam". To such critics or hypo-critics one can only say "fools rush in where Angels fear to tread".

(12) The Chopra Committee have thus discharged their sacred task in a most inspiring and efficient manner under the difficult circumstances of our country today. The rehabilitation of Indian medicine and its use for the medical relief of the Indian people have been elaborated with the necessary schemes for medical education and research and proposals of state control with moderate financial expenditure. The gradual integration and final synthesis of Indian and Western medicine is the culminating masterstroke of scientific vision among the recommendations of this typically representative learned body.

(13) The citizens of free India owe therefore an incalculable debt of gratitude to the learned professionals of this Committee presided over by that veteran, Medical Publicist and patriot of India Sir R. N. Chopra, the Chairman, and consolidated in the rear by its talented officiating Secretary, Dr. C. Dwarkanath, a worthy desciple of that great medical patriot and philosopher Capt. Srinivasa Murthy, the founder principal of the Madras School of Indian Medicine.

(14) It now remains for the enlightened public to co-operate to the best of their abilities with the national government in carrying out the proposals of the committee for the improved study, application and integration of Indian medicine not only for the betterment of India but for the benefit of the whole world.

Urines

By RAJVAIDYA VRAJLAL JIVANDAS SARDHARKAR

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गोमूत्रम । गवां मूत्रम् । गोरेव न तु वृषभस्य । (हिं.) गायका पेशाब, गायका मूत; (मः) गाइचें मूत; (क.) आकल गोन्त; (त.) पचुमूत्तिरं; (मल.) पशुविन् मूत्रम् (इं.) cow's urine "मूत्रं गोमूत्रमुच्यते" इति। गोजाविमहिषाणां तु स्त्रीणां मूत्रं प्रशस्यते इति भावमिश्र :। "गोमूत्रं कटु तिक्तोष्णं कफवातहरं लघु। पित्तकृद् दीपनं मेध्यं त्वग्दोषघ्नं मतिप्रदम्" (रा. नि.)

अन्यच्च– "गोमूत्रं कटु तीक्ष्णोष्णं क्षारं तिक्तकषायकम् । लघ्वग्निदीपनं मेध्यं पित्तकृत् कफवातहृत् । शूल गुल्मोदरानाहकण्डूवक्षिमुखरोगजित् । किलासगदवातामवस्तिरुक् कुष्ठनाशनम्। कासश्वासापहं शोथकामलापाण्डुरोगहृत्। कण्डू किलासगद शूलमुखाक्षिरोगान् गुल्मातिसार मरुदामयमूत्ररोधान्। कासं सकुष्ठ जठर क्रिमि पाण्डु रोगान् गोमूत्रमेकमपि पीतमपाकरोति। सर्वेष्वपि च मूत्रेषु गोमूत्रं गुणातोऽधिकम्। अतोऽविशेषात्कथने मूत्रं गोमूत्रमुच्यते ॥ (भा० प्र०) "गोमूत्रं कटु तीक्ष्णोष्णं सक्षार-

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स्वान्न वातलम् । लघ्वग्नि-दीपनं मेध्यं पित्तलं कफवातजित् । शूलगुल्मोदरानाह विरेकास्थापनादिषु । मूत्रप्रयोगसाध्येषु गव्यं मूत्रं प्रयोजयेत्" (सु० सू० ४५)।

Sanskrit—*Mutra*. Hindi—*Mut, Peshaaba*. Bengali—*Mut, chona, prasarava*. Marathi—*mut, mutra*. Gujarati—*mutar*. Karnataki—*Mutra, akalgot*. Tailangi—*uchcha*. English—urine. Latin—urina. Sardhar—*Mutara*. Tamil—*pachumutiram*. Malayalam—*pashuvin mutram*.

Urines (Sans.-*Mutra*) of various animals are used in medicine and their properties are described in Sanskrit works. Of these cow's urine is much used both internally and externally. Internally it is highly recommended for cirrhosis of the liver in doses of one to two ounces. It is also described as laxative and diuretic and used in the preparation of various medicines such as "*punarnava mandura*" And "*Marichadya taila*" for enlargements of the abdominal viscera, painful dyspepsia, ascites, anasarca, jaundice, leprosy, chronic prurigo and other obstinate skin diseases.

It is recommended by Chakradatta as a vehicle for castor oil given as a purgative. In congestive fever with constipation flushed face and headache, an ounce of fresh and warm cow's urine is given as a domestic medicine. It is used externally in the purification and roasting of various metals and in the preparation of oils, decoctions etc. Goat's urine is given internally as a laxative and diuretic; it is given mixed with a compound decoction of *Jataamansi* root, *Dasamula* etc. recommended in Susruta in the treatment of epilepsy. Ox's urine (*Brishamutra*) is described as "Stomachic and alleviative of jaundice, worms, odema and diarrhoea". Horse's urine is said to be "bitter, stimulant, stomachic, purgative, excitive of bile, alleviative of wind and beneficial in phlegm, ringworm and intestinal worms".

Ghaimari

Kalanchoe Pinnath

Arabic—*Kushnulhayat*. Ashanti—*Egoror, Tamiawu*. Bengal—*Koppata*, Bombay—*Ahiravan, Mahiravan, Ghayamari*, Burma—*Yoekiyaginba*. Canarese—*Lonnahadakanagida*. Cutch—*Ahiravana, Mahiravan, Gha-e-Mari*. Deccan—*Zakhmhaiyat*, Ewe—*Flaatoga*. Fanti—*Airporo*. Hindi—*Zakhm-Haiyat*. Indochina—*Pounpa, Pountay, Thouc Binh, thuoc bong*. Krobo—*Kohonadu*. Lareunion—*Chou de faffe, Gros Pourpier clochette, Patte de poule, Patte de poule tortue*. Malayalam—*Elamarunga, Elamarunna, Murikuti*. Mundari—*jiwan, Sajaiwan*, Persian—*Chubehayat, Lakhmhaiyat*. Sanskrit—*Asthi Bhaksha, Parnabija, Hemasagara*. Tamil—*Malaikalli, Runnakalli*, Telugu—*Simajamudu*. Twi-*Bo-sompara egoror, Tamiawu*. Urdu—*Chubehayat*.

Distribution. Believed to be a native of tropical Africa, naturalized throughout the tropics of the world.

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Characters. It is a tall, fleshy, erect plant. The leaves are compound, and ovate, having one large or two small leaflets, which are pinnatifid, oblong, and coarsely toothed or crenulated. The margin and petiole of leaves are purple. The leaves are strongly acid and astringent. Fruit enclosed in the persistent papery calyx and corolla. Seeds small, oblong-ellipsoid, smooth, scarcely straite. The leaves often produce, on their crenatures at the extremeties of the lateral nerves, buds furnished with root, stem and leaves, which drop off and at once become new plants.

Preparations. Poultice used in the form of poultice and powder for sloughing ulcers, it is a disinfectant.

Actions and uses. The leaves are made hot and applied to contused wounds, bruises, and boils. By their application, the edges of incised wounds heal generally by first intention. It is by far a better treatment than even water dressing. The leaves when applied to unhealthy wounds and foul ulcers, allay their irritation and facilitate cicatrization. They are a useful application to bites of venomous insects as rats, house leek etc.

Remarks. Fresh leaves should be obtained from herbalists. The word *Lakhm-e-hayate* is derived from the character of the plant, which is that the crenulations of the leaves when they come in contact with the ground, at once give rise to fresh bulbs, which soon develop into new plants. They synonym *Lakhn-e-hayate* or *Hiraavana, Mahiraavana* means healing of a would, or a recovery to a healthy condition. By its use a wound heals at once and no trace of any morbid condition is left behind. In Hindu mythology *Airaavana Mahiraavana* is also the name given to devils who, it is said when their heads or hands are cut off and separated from their body, had a magic power of restoring them at once to a healthy condition. This they did by using this plant. In La Reunion, the plant is considered mucilaginous and emollient, and is mostly used to prepare emollient baths.

In Indo-China, the pounded leaves are applied to burns and scalds, and also to corns. The bark is bitter and poisonous, tonic, alexipharmic, astringent to the bowels, analgesic, carminative; useful in diarrhoea and vomiting, inflammations.

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Discussion on Pt. Degwekarji's Address at Delhi

By

KAVIRAJ S. N. BOSE L.A.M.S. VISHAGRATNA,

Hingan Ghat, M.P.

I have read with great interest the address of Pt. B. V. Degwekar M. A., LL. B. as published in "Ayurveda", Nagpur, in 2 parts. I note with great attention the way he has put forward his own interpretation of some controversial points of Ayurveda. I am astonished that when he has referred to and accepted some of the interpretations as established in Poona Conference, he has miserably failed to quote the references on other interpretations he has differed from and to contradict it with effective explanations and scientific discourses. As for example, I may particularly mention about his accepting Homœopathic principles in the liver as *Ranjak Pitta* or Hormones as *Saadhak Pitta*, Rhodopsin a visual purple of the Retina as *Aalochak Pitta* and others including *Bodhak Kapha, Tarpaka Kapha, Sleshmak Kapha, Abalambak Kapha* etc. In *Kledak Kapha* and *Paachak Pitta* he has differed from the opinion of the Poona Conference and has forwarded his own interpretation, but without any convincing explanation based on scientific discourse. In this article I will try to discuss his point of view as against the views established in Poona Conference in conformity with Ayurvedic literatures.

According to Degwekarji, *Kledak Kapha* is Gastric juice and according to Poona Conference it is the mucus secretion of the stomach and practically the whole digestive tract. If we judge the functions of *Kledak Kapha* as described in Ayurvedic literatures we will find that the main function of *Kledak Kapha* is to moisten, lubricate and help the digestive process. "स च तत्रोदक गुणेः आहारः प्रक्लिन्नः सुखजरश्च भवहि", "माधुर्यात पिच्छिलत्वाच्च प्रक्लेदित्वाचैव च, आमाशये सम्भवति श्लेष्मा मधुर शीतल"। It is well known that unless the food taken in, is moistened and lubricated—the digestive juices find it difficult to work upon them. That is the reason why the solid food must be well chewed before it is swallowed, so that the well smashed food can easily be moistened and lubricated by *Kledak Kapha* or the mucus secretion of the stomach. सुख जरा (*Sukha-jarra*) means easy to digest, but according to Ayurveda *Kledak Kapha* has no digestive property only it makes the food easily digestible. On the other hand gastric juice has definite digestive property and acts on carbohydrate food, milk etc. in the stomach and the process of digestion is well-advanced in the stomach. If *Kledak Kapha* has no digestive function why should any one interpret it as gastric juice which has definite digestive functions. It is a pity that a learned man like Degwakarji did not take the trouble to see to the chemical properties of gastric juice and its chemical and physiological function in the stomach. According to Savill, the composition

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and function of gastric juice is as follows. The gastric juice contains hydrochloric acid, water, pepsin, renuin, mineral salts and *a little* mucus. Four processes normally take place in the stomach (1) the conversion of starch into sugar, begun in the mouth, is carried on a stage further. (2) proteins are changed into Peptons. (3) Fat globules are set free from their envelopes (4) Milk is curdled Then how this gastric juice can be interpreted as *Kledak Kapha.* Simply because the gastric juice is liquid or rather contains a high percentage of watery substance, you can't call it water. It contains a certain percentage of hydrochloric acid and is not sweet in taste as described for *Kledak Kapha.* The gastric juice is definitely acid in taste which clearly contradict Mr. Degwekarji's versions. Moreover, if you go on differentiating Ptylin, Gastric juice, Bile, Pancreatic juice and other digestive secretions of the intestines with different names, I am afraid, Ayurvedic vocabulary will be exhausted. Over and above, when all these digestive enzymes have a common function that is to effect digestions in some way or stage or the other, it is better and wise to classify them under one heading and that is the best term as पाचकाग्नि (*Paachakaagni*) or पाचक पित्त (*Paachaka Pitta*) which the Poona Conference has established. Sri Degwekarji has interpreted पित्त दोष (*Pitta Dosha*) as secretions of Liver and Pancreas. अत यही- (Liver and Pancreatic Secretions) सचेतन द्रव्य पित्त दोष है यह निश्चित होता है। Later on he goes on dividing *Pitta* in 5 divisions and accept the interpretations of Poona Conference in 4 other divisions. Although the seat of पाचक पित्त (*Paachaka Pitta*) is stated to be dueodenum, it does not exclude its existence in other places. As the digestive process is mainly effected in dueodenum, it has been described as the seat of पाचकाग्नि (*Paachakaagni*) and it is definitely according to "प्राधान्याद व्यपदेशा भवन्ति" principle. In fact the digestive process beginning from the mouth ends in large intestines. So this *Paachak Pitta* has rightly been described as जठराग्नि (*jatharaagni*) which not only digest the food but also helps the other *Agnis*–which are thirteen in number and that is the function of पाचक पित्त (*Paachaka Pitta*). If this *jatharaagni* fails, it is evident that the cells are apt to fail. So digestion, bodily temperature, hunger and thirst are all dependent on the work of पाचक पित्त (*Paachaka Pitta*). The Poona Conference has rightly grouped all the digestive enzymes under the heading of पाचकाग्नि (*Paachakagni*) although its main seat has been described as dueodenum. Pt. Degwakarji has mixed up the issue and tried most unsuccessfully to particularise पाचकाग्नि (*Paachakagni*) as Bile and Pancreatic juice.

His most repulsing nomenclature is that of अपान वायु (*Appana Vaayu*) as carbonic acid gas. According to Degwakarji's version *Apaan Vaayu* is formed in the intestines, rather large intestines. He says "इस संशोधक क्रिया में क्लेदक कफ पाचक पित्तादि द्रवद्रव्यों की रासायनिक परिणाम के कारण एक वायुरूप द्रव्य उत्पन्न होता है जिस प्रकार सोडा

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में कोई अम्ल मिलाने से carbonic acid gas नामक वायु बनता हुआ हम अनुभव करते हैं। May I, with all respect, request Mr. Degwekarji to give the particular names of the chemicals which cause the formation of carbonic acid gas in the intestines in course of normal functioning of the body. This carbonic acid gas is mainly formed by tissue combustion in course of cellular functioning and is carried through the circulation into the lungs from where it is excreted by means of respiration. If Degwekarji means *Apaan Vaayu* as flatus, I am to submit that this is surely not the natural inhabitant of the intestines. The real natural inhabitant of the *Vaayu* group in the intestine is some subtle substance which can't be the crude carbonic acid gas. Moreover, how does he account for its absorption into the circulation from the intestines, because he can't deny that the largest portion of carbon dioxide gas we are releasing through breathing every now and then and proportionately very little through the rectum or anus—whatever he describes as "अपानोपानगः". Above all if we look at the location and functioning of अपान वायु (*Apaan Vaayu*) as described in Ayurveda it will clearly nullify Sri Degwekarji's interpretation. According to Ayurveda *Apaan Vaayu* resides in the reign of umbilious, colon, rectum, bladder, penis, testes, hip joint and the thighs. Its functions are defæcation, micturition, menstruation, conception, discharge of seman and ova, bearing down of the foetus at the proper time. When deranged it gives rise to diseases of the uro-genitary system as well as of the rectum. How does Degwekarji counter the location of *Apaan Vaayu* in bladder penis, testes, hip joint, and thighs with the theory of carbonic acid gas which can only be inside the large intestines. How does he explain the functioning of carbonic acid gas as micturition, menstruation, conception seminal and ova discharge and bearing down of the foetus in proper time, with the help of modern Physiology from which he has selected the name. Can it be in anyway the functions of any crude gas like carbonic acid or anything alike whose functions are as divergant as defaection, menstruation, conception, and bearing down of foetus in proper time. He has contradicted the idea of *Vaayu Dhaatu* as very subtle, invisible and like electricity moving throughout the body but beyond perception. He is in favour of crude *vaayu* as found in the atmosphere but fails to explain the functions according to modern chemistry. In the descriptions of *Praan Vaayu* he cites the examples of oxygen and carbon dioxide gas as taken in and thrown out through respirations. In Ayurveda the usual seat of *Apaan Vaayu* has no where been described to be head, lungs or chest in whole. So how does this *Apaan Vaayu* come from the large intestines and through what channel. In Ayurveda *Praan Vaayu* is stated to have its seat in mouth, head, ear, tongue, nose, and chest. Its functions are respriation, deglutitions, sneezing, spitting and eructations etc. How does the oxygen is responsible for deglutitions, spitting and eructations. If he thinks that the oxygen in crude form passes to the muscles concerned through the arteries, then why the other muscles receiving the same oxygen do not functions like wise. If he says that the

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oxygen stimulates the nerve endings supplying those muscles then there comes the same nerve energy which is the finding of Poona Conference and by other seers. Moreover, the oxygen in its crude form has its seat or rather passes similarly throughout the body and in parts other than mouth, head, ear, tongue, nose and chest. Why Ayurveda should particularise its seat as above and describes similarly the particular seats of other *Vaayus* e.g. *Samaana and Vyaana.* Therefore the view of modern Ayurvedic seers like Mahamahopadhyaya Gananath Sen, Pt. Javarji Tricumji Acharya, Dr. Pathak and Bannerji should be accepted without hesitation. In *Pratyaksha Shaariram* 3rd part M. M. Gananath Sen has clearly shown how analogous is the description and function of the nervous system with the descriptions and functions as described by *yoga shastra* of ancient India. The *yogis* had no dissections nor microscopes nor laboratories but gained the knowledge through *yoga* or in modern language by some physical exercise and rules of mental discipline, introspection or intution but what is amazingly surprising is the accuracy of the descriptions of the anatomical structures and their functions. How does Sri Degwekarji attribute the functions of atmospheric gases to true functions of सहस्त्रार, आंमचक्र etc. as described in *yoga shastra.* So it is clear that the functions of *Vaayu* as described in Ayurveda can in no way be similar to the functions of oxygen, nitrogen, hydrogen, carbonic acid gas or other mixtures of gases found in the atmosphere in their crude forms. Ayurvedic *Vaayu* is far more superior something which can only functionate as such surprisingly divergent, complicated and super perceptible manner. Any attempt to describe *Vaayu* in crude form means to degrade Ayurveda in scientific eyes and must be resisted.

Finally, I would refer to the taunting criticism Mr. Degwakarji has flung upon some writer of Maha Sammelan Patrika for calling the "मल" *mala* as "broken debris" and not "*Dhatus*" The faeces urine and sweats have been called *Mala* in Ayurveda as and when it becomes useless to the body and its retention is injurious to health. Sri Degwakarji has erred that the faeces etc. have simultaneously been described as *Mala* and *Dhatu*, as it is necessary for the maintenance of the body at the same time in a position to disturb the system. He has referred to a stanza as regards to the strictures on using purgatives in Phthisis.

"तस्मात्पुरीषं संरक्ष्यं विशेषाद्राजयक्ष्मिणः सर्व धातुश्रयार्त्तस्य बलं तस्य हि विड्बलम्"

Does he mean that the Phthisis patients should not pass stools at all ? According to the literal meaning of the stanza "मल भान्डं न चालयेत्"–a phthisis patients stools should not be made to pass or cause motions. But does it really preclude that the phthisis patient should not pass stools even once or twice a day. It is well known that a certain portion of the stools are natural residue of the lower portion of the large intestines. Even when a man of sound normal health passes the stools, he does not pass all the faeces, his intestine holds but only a portion which has become

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useless to his body and if further retained will cause disturbance in the system and that is the *Mala* portion of our system but the residue portion is a necessity to our body and not to be thrown off immediately and neither *Apaan Vaayu* nor nature impels us to do so. When we get diarrhoea or take drastic purgative naturally the residuary faeces are thrown out and we feel some weakness. Ayurveda has put strictures on moving that residuary faeces is decidedly the portion which is called "धातु" (*Dhatu*) or necessary for the maintenance of the body. So what harm is there if a writer calls "मल" (*mala*) as broken debris or outgoing *malas* although I would prefer to call it "excreta" But Pandit Degwekarji has himself called "पित्त-दोष" (*Pitta Dosha*) when he describes the functions of "पाचक-पित्त" (*Paachaka Pitta*) as that of bile and pancreatic juice play a great part for the maintenance of body and in no way distubing the equilibrium of the system.

However I would rather refer to the report of Chopra Committee, Vol. II as published by Government of India and respectfully request Sri Degwekarji to go through the various memorandums published therein and unreservedly accept the correct interpretations contained therein for the speedy advancement of Ayurveda.

Studies in Ayurvedic Medicines

Part—V Swarnmakshika (General)

By O. N. PERTI

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Swarnmakshika is very widely used in Ayurvedic practice of medicine. According to U. C. Dutt it is considered tonic, alterative and useful in anaemia, urinary diseases, ascites, anasarca, purigo, eye diseases etc As an alterative tonic it is generally used in combination with other medicines of its class such as iron, talc, mercury etc. (Mat. Mad. Hind., 56) It is called *Swarnmakshika* not because it is a gold ore but because it possesses a colour very much like impure gold and often leaves a pale yellow streak on touchstone. In *Bhavaprakash Nighantu* it is described thus:—

स्वर्णमाक्षिकमाख्यातं तापीजं मधुमाक्षिकम् ॥
ताप्यं माक्षिक धातुश्च मधुधातुश्च स स्मृतः ।
किञ्चित्सुवर्ण साहित्यात् स्वर्णमाक्षिक मीरितम् ॥
उपधातुः सुवर्णस्य किञ्चित्स्वर्णगुणान्वितम् ।
तथा च कांचनाभावे दीयते स्वर्णमाक्षिकम् ॥
किन्तु तस्यानुकल्पत्वात् किंचिद्नगुणं ततः ।
न केवलं स्वर्ण गुणो वर्तते स्वर्णमाक्षिके ॥

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Translation:—*Swarnmakshika, Tapeej, madhumaakshika, taapya, makshika dhatu, madhu dhatu* are synonyms of *swarnmakshika*. It contains traces of gold and is used in medicine in place of gold. It is less effective than gold because it contains only traces of it.

The physical properties of, *swarnmakshika* have been described in Rasatarangini—

स्निग्धं गुरु श्यामलं कान्ति किञ्चित् कषे सुवर्णद्युतिसुप्रकाशम्।
कोणोज्झितं स्वर्णसमान वर्णं सुवर्णमाक्षीकमिह प्रशस्तम्॥

Translation:— That *swarnmakshika* which is smooth, heavy, with a blue black lustre, leaves a line like that of gold on the touch stone, without sharp corners and having a colour resembling that of gold is the best *swarnmakshika* for medicinal use.

In *Rasendrasar-Sangrah* the best type of *swarnmakshika* has been named *Brihadvarn*. This is the name given to the sample which is grey outside but which on breaking presents a surface of the colour of gold.

From these descriptions it appears that *swarnmakshika* is not a gold ore but refers to an iron ore called pyrites. It is now a well known fact that traces of gold are often found to be present in the iron pyrites ore. The amount of gold thus found is usually in very minute traces and can often only be detected by spectroscopic analysis. This association of the gold with iron pyrites was obviously known to the ancient writers. The outer resemblence of this ore to gold is very remarkable. It often occurs in coal and is known by miners as 'brass' or 'fool's 'gold'. The name iron pyrite is given to a sulphide ore of iron. Many sulphide ores of iron are known and some important of them are given in Table 1.

Table 1

NAME	*COMPOSITION*	*OCCURRENCE (Chief place)*
1. Arsenical mundic or arsenical pyrite	FeS_2FeAs_2	Silesia, Norway, Sweden, U.S.A.
2. Barnhardtite	$2Cu_2S.\ Fe_2S_3$	Barnhardt's land
3. Bornite	$Cu_3\ FeS_3$	Cornwall (U.K.), Canada
4. Chalmersite	$CuFe_2S_3$	Alaska, Brazil
5. Cobalt nickel pyrite	$(Fe,Co,Ni)\ S_2$	Norway, Ontario
6. Chalcopyrite	$Cu_2S.\ FeS_2$	Europe, Australia, U.S.A.
7. Cubanite	$CuS.Fe_2S_3$	Cuba

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NAME	COMPOSITION	OCCURRENCE (Chief place)
8. Daubreelite	$FeS.Cr_2S_3$	very rare
9. Magnetic pyrites	$4\ FeS.Fe_3S_4$	Many parts of Europe, Canada and U.S.A.
10. Marcasite	FeS_2	Found in chalk and many clays.
11. Marmatite	FeS.4ZnS	Cornwall
12. Pacite	$FeS_2.4FeAs_2$	rare
13. Pentlandite	2FeS.NiS	Cornwall
14. Pyrites	FeS_2	In rocks both eruptive and sedimentary. Often occurs in coal. Large quantities found in Spain.
15. Troilite	FeS	Meteorites

Some of the most important characteristics of these sulphide ores are given in Table 2. In this table are given also some of the important references about these ores.

Table 2

NAME	IMPORTANT PROPERTIES	REFERENCES
1. Arsenical pyrites or arsenical mundis	Iron content 34%; rhombic crystals, grey colour, hardness 5-6, density 6 to 6.4	Scherer Zeitsch. Kryst. Min., 1883,21, pp.354
2. Barnhardite	Massive, colour is bronze yellow. conchoidal fracture hardness 3.5, density 4.5	Genth.Amer.J.Sci 1855, 19, pp. 17 1859, 28, pp. 247
3. Bornite	Iron content 6-20%; Cubic, hardness 3, density 4.4. to 5.5	Harrington: Amer. J. Sci., 1903, 16, p. 151 Kraus & Goldsberg: ibid.,1914, 37, pp. 539
4. Chalmersite	Massive, pale yellow colour strongly magnetic, density 4.04-4.68, crystals rhombic.	Johnston: Econ. Geol., 1917, 12, p. 519

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NAME	IMPORTANT PROPERTIES	REFERENCES
5. Cobalt Nickel pyrite	Steel grey colour, cubic crystals, hardness 5 to 5.5, density 4.5	Henglein; Centr. Min., 1914, p. 129
6. Chalcopyrite	Contains 34.6% copper and 30.5% iron. Iron content is frequently higher, brass coloured, hardness 3.5 to 4, density 4. 1-4. 3	Prior; Min. Mag., 1903, 13, p. 217
7. Cubanite	Colour like bronze, hardness 4, density 4 to 4.2	Breithaupt: Pogg. Annalen, 1843, 59, p. 325
8. Daubreelite	Brilliant metallic lustre, black, non-magnetic, density 5	J. L. Smith: Amer. J. Sci., 1876, 12, p. 1 9
9. Magnetic pyrite	Crystalline form rhombic (a-) and hexagonal (B-); magnetic, reddish yellow colour, hardness 3.5-4.5, density 4.4-4.7	Breithaupt: J. prakt. Chem., 1835, 4, p. 265 Rammelsberg: Pogg. Annalen, 1864, 121, p.337
10. Marcasite	Exterior usually brownish, fresh surface pale yellow in colour, hardness 6-6.5 density 4.7-4.8	Prior; Min. Mag., 1903, 13, 217
11. Marmatite	Black in colour, Cubic, density 3.9-4.1	Boussingault: Pogg. Annalen, 1829, 17, p. 399
12. Pacite	rhombic crystals, density 6.3	Breithaupt; Bergund Huttenmamische Zeitung,1866,p.167
13. Pentlandite	bronze coloured cubic crystals, hardness 3.5-4 density 4.6	Newton-Friend: Textbook of Inorganic chemistry, IX, 2,24
14. Pyrites	brass coloured, characteristic form-pentagonal dodecahedron, hardness 6-6.5, density 4-8-5.2	,, ,, IX, 2, p. 21
15. Troilite	brownish colour, hardness 4, density 4.7-4.8	Meunier: Ann.Chim.Phys., 1869, 17, p. 36

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The author requested the D.A.V. College Pharmacy, Amritsar, and Ayurvedashram, Ahmednagar, to supply him a sample of *swarnmakshika* used in their preparations. These samples were examined and were found to correspond with Iron pyrite (No. 14 in the tables). The properties as given in ancient books also point to the fact that *swarnmakshika* refers to iron pyrite. This pyrite, as already mentioned, is often associated with gold. Gold bearing pyrites are known as auriferous pyrites. The author tried to procure a sample of auriferous pyrites if available in India. The Geological Survey of India, Mysore Geological Department and the Geological Survey Department, Hyderabad were contacted but unfortunately they could not supply any such sample from their stock. It is practically certain that nobody as yet has tried to find the trace of gold which may be present in Indian pyrite ore. According to Ball the Indian pyrite ore has not much commercial value and is almost exclusively used as a drug. (Geol. of India).

Some foreign firms which supply geological specimens also supply auriferous pyrite if needed. So far as is known to the author these foreign samples are the only ones which definitely contain a trace of gold. Indian pyrites have not been analysed for gold.

Swarnmakshika is often confused with chalcopyrite. Sometimes inexperienced vaidyas use chalcoprite in place of iron pyrite as *swarnmakshika*. In part VI of this series the chemical analysis of pyrite and chalcoprite etc. is discussed.

The author wishes to thank the authorities of University of Saugar for research facilities.

(To be continued)

CONCEPTION OF VAT, PITTA, KAPHA AND CAUSES OF EYE TROUBLES

By Dr. R. S. Agarwal, *Eye Specialist, Delhi.*

Sometime back achievement of Ayurveda or Indian Medicine was represented unscientific and inefficient by some of the Indians of Western culture. In those dark days some western scholars spoke very highly about the achievement of Indian medicine but the *Vat, pitta, kapha* theory had no substantial meaning and significance to them. Gradually, however, with the growth of national pride and the awakening of national consciousness, the people of this country began to change their attitude and began to speak about the usefulness of Indian medicine. But some people have hypnotised themselves into believing that there was nothing in the modern medicine, including the latest scientific discoveries, instruments for investigation, bacteriology etc., which was not known to the ancient Indians. Such an attitude does more harm than good both to the reputation of ancient India as well as to the present generation.

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Sushrutta, the pioneer of ancient ophthalmology has not written anything about any scientific method or investigation to determine the causes, and the nature of diseases. Whatever was possible, was determined simply by external examination of the eye. The modern scientific instruments as Retinoscope to estimate error of refraction, Ophthalmoscope to examine the inside structures of the eye, Perimeter to know the field of vision, Tenometer to estimate the tension of the eye, Bio-photometer to determine the night blindness and defficiency of vitamin A, etc., have made the modern doctor efficient to determine the causes and nature of diseases in most of the cases. A short description about such instruments will be given in one of the subsequent chapters.

In the previous articles I have mentioned that the man is composed of five elements (*Panchbhutas*) and the main parts are mind, life or vital and body, and that the nature of mind is *Saatwic*, of vital *Raajsic*, of body *Taamsic*. There are three synonyms for these terms in order to deal with the disorders of man. *Vat* is for mind, *Pitta* is for vital, *Kapha* is for body. We may write as follows :

Mind	Vital	Body
Satwa	*Raajas*	*Taamas*
Vaat	*Pitta*	*Kapha*

The eye is closely connected with the mind. The life manifests in the eye ball. What we see is the mind's interpretation of the images received from the eye.

While describing the cause of eye diseases Sushrutta writes that if *vaat*, *pitta* and *kapha* are disharmonised in the organ, in other words, if the mind, vital and body are in disharmony the following causes may create various diseases of the eye. These causes may be called secondary or contributing.

Staring, fixing the gaze, trying to see unfamiliar objects, worries and anxieties, physical discomforts, sun, dust, smoke, bad diet, constipation, bad sexual habits, infection etc.

We often observe that almost every one has to face a number of these secondary causes in the daily life but rare people suffer from eye troubles. It leads to believe that if there is strain in the mind, or there is lack of energy or vitality or if there is accumulation of toxic matter or the eye is used in a wrong way, then the secondary causes can create functional as well as organic troubles in the eye, otherwise not.

Poor health, unbalanced diet, bad sexual habits are commonly supposed to be the cause of defective eyesight but such ideas do not tally with facts. Many persons having bad health, unbalanced diet or bad sexual habits maintain good eyes. There are many others who have very good health, take balanced diet and maintain good character, yet they suffer from eye troubles, sometime even of a serious nature. These things can increase the strain if it already exists or can produce a tendency to strain.

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These facts indicate that there are two kinds of causes :

1. PRIMARY :–Mental strain (*vat dosha*), lack of vitality (*Pitta dosha*), accumulation of toxic matter or wrong use of the eyes (*kapha dosha*).

2. SECONDARY :–All the contributing causes as explained above.

EXPERIMENT :—Whenever there will be disharmony between *vat*, *pitta* and *kapha*, that is, whenever there will be mental strain, lack of vitality in the organ, and the eye is used in a wrong way or its tissues are full of toxic matter, the eye will be under strain, there will be lack of relaxation. To determine whether the eye is under strain or under relaxation the following experiment is of great value :

Close the eyes gently and cover them with the palms of the hands avoiding any pressure on the eyeballs, to shut all light. Observe that there is perfect darkness before the eyes. This darkness is instantaneous and continuous and is an indication of rest or relaxation. If there is not perfect darkness or if it comes momentarily, it is an indication of strain or imperfect relaxation.

In errors of refraction and diseases of the inside of the eyeball there is generally lack of relaxation or strain. In inflammatory conditions there is generally accumulation of the toxic matter in the tissues and the condition is associated with stiffness in the tissues and muscles.

2. ERRORS OF REFRACTION

The ancient ophthalmologist explains errors of refraction in the terms of *'TIMIR ROGA'* and gives the causes as staring or fixing the gaze poor health, bed sexual habits etc. Though he could not give any scientific explanation but his conception is correct. Even today the modern ophthalmologists are unable to determine the causes of errors of refraction. It is only Dr. Bates who has proved with facts and experiments that errors of refraction are the result of staring or an effort to see.

The normal eye with normal sight functions without effort makes no effort to see, and is free from strain. It focusses correctly at varying distances. But when the normal eye makes an effort to see or stares at an object, the sight becomes defective and an error of refraction is produced. When the strain to see is at a distance, the eyeball is elongated and myopia or shortsight is produced. When the eye makes an effort to see at a near point, the eyeball is flattened and hypermetropia or long sight is produced. In astigmatism the curvature of the eyeball becomes irregular and such a condition is always associated with myopia or hypermetropia.

Demonstration:—Place the Snellen test card at fifteen feet distance and fix the sight on one part of the big letter without closing the eyes or try to see the top part and the bottom part of the letter equally well at a time.

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Increase the effort to see as much as you possibly can. Note that it is tiresome and causes pain in the eyes. The small letters may appear so blurred that they may not be distinguished. This indicates formation of myopia.

Now fix the sight on a small letter at the reading distance and note that the letter becomes blurred soon. The eye becomes hypermetropic.

OLD AGE:— When people arrive at about forty years of age, they feel difficulty in reading fine type, especially under the artificial light and they are mostly dependent upon their glasses. The decline of near vision goes on increasing and higher power of glasses are used. Sometimes the sight declines rapidly and the patient changes his glasses to a higher power quite frequently till no more power can be added to the glasses and still the patient suffers from discomfort of reading.

3. Diseases of the inside of the eyeball

Cataract is quite common in old age. In most of the cases its formation is due to strain and lack of energy or lack of nourishment of the lens.

Glaucoma though not so common but is frequently observed in middle age and the cause is mostly lack of relaxation or strain or accumulation of toxic matter in the tissues of the eye.

Many patients at the middle age suffer from serious eye diseases of the inside of the eyeball. It is a general belief that syphilis is the cause of such eye diseases and that antisyphilitic treatment is to be adopted even when there is no history of syphilis or the blood examination is negative. Most of these cases become worse in spite of persistent treatment. The fact is that very few cases are affacted by syphilis or cured by antisyphilitic treatment; in a majority of cases the cause is not detected and the treatment often fails. The real cause is the habit of seeing with effort.

It has become a usual habit practice to advise extraction of teeth when there is any serious trouble inside the eye. This hit is usually made when the doctor finds no other cause except pyorrhœa. When the teeth are extracted the patient very seldom gets any benefit. Of course bad teeth should be attended to, but a drastic step of getting the teeth extracted often proves useless.

The proof that the strain or lack of relaxation is the underlying causes in most of the cases, is that the patient soon begins to get the benefit as soon as he is able to relax the eyes by relaxation of eye exercises.

(To be continued)

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All-India Ayurvedic Congress News

AYURVEDA AND THE GOVERNMENT OF INDIA DURING THE PAST FIFTY YEARS

By

GURU DUTT, *General Secretary, All-India Ayurvedic Congress*

In the beginning of this century, there was neither any opposition to Ayurveda, nor was there any support to it from authorities. Even Doctors were not anxious to know about it. Barring a few well to do people, people were taking treatment from Vaidyas or Hakims, The Government was indifferent to it. There was a good deal of freedom for the physicians to follow any path they like. It was not an uncommon thing to see an allopathic doctor prescribing a decoction of herbs, which he had learnt from his mother or some other elderly lady in the family.

This was the time when All-India Ayurvedic Congress was established by the efforts of some of the prominent Vaidyas of the time. *Late Shri Shankarda Ji Pade* and others gathered together and established this organization in order to get the system recognized by the Government.

These physicians were confident of the efficacy of the science of Ayurveda and they believed that it can serve the purpose of India. It was the opinion of some of the founders of this organization, as can be gauged from their presidential addresses, that Ayurveda is a science complete in itself. However, they were aware of the fact that several of the old books being not available, there were serious gaps in the details pertaining to certain sections of the subject. These gaps they had an idea to fill up and make the science fully useful in the prevailing conditions of the country.

Allopathic doctors were being supported by the Government and the law of the country, not because they had proved their worth in the country by the cures they had affected but because the Government was anxious to introduce the allopathic system in the country. They at that time were not even aware of the therapeutic properties of dietary substances available in the country. Blunders in their prescribing for petients used to be common in those days. Allopathic Doctors were supported by the Government and by the law of the country at that time, only because they were working on a system which was English, because they were dispensing medicines that used to be imported from England and because they had read their science in English Language. Doctors could speak English and thus, could be understood by the rulers of that time. Leaving these things, they were in no way superior to Vaidyas of the time, so far as cures were concerned.

The Government was concerned with the trade of English medicines in this country and was anxious to denationalize the Indian nationals. The support to allopathic system of medicine could do both of these things and the Government knew it. How-

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ever the British Government had never thought of penalizing the practice of Ayurvedic system. They welcomed to the taking of that much of Ayurveda which the doctors were capable of taking. It is true that the allopathic doctors, on account of their education, were not capable of taking much of it.

There was no support of the Government to Ayurveda as such and "The All-India Ayurvedic Congress", had to depend on the charity of the people to support in the propagation and practice of the Ayurveda. People came out to support this system. They opened Ayurvedic dispensaries, Ayurvedic colleges, and Ayurvedic pharmacies. All-India Ayurvedic Congress was a private charitable society and, naturally, it could not bring about that co-ordination between all these Ayurvedic institutions, which was necessary for the development of the system on right lines. Two sets of people started working for the development of this science. Those who were interested in importing the maximum of allopathy in Ayurveda, it was a cheap way of getting quick results. There was another set of people as well, who tried to work on traditional lines. They established Ayurvedic *Pathshaalas*' in different parts of the country.

In the begining, development on both these lines worked well and Ayurveda began to get popularized even among the people educated on western lines. But the tables got turned after the 1921 reforms, Ministers in provinces became responsible to the members of legislative councils elected by the people. Health was a transferred subject and Ministers for Health found it impossible to ignore Ayurveda any longer. For this purpose, enquiry committees were appointed to find facts and as a result of these enquiries a small portion of the Health Budgets of the provinces began to be diverted towards Ayurveda.

Since the advent of the British rule in India, allopathic doctors had been a priveleged class here. They enjoyed the opportunity of meeting the officials and high class gentry. Rich persons had invested enormous money in educating their sons in allopathy and when the Government began to think of raising the status of Ayurveda, they felt their vested interests in danger. So the period between the year 1921—1946 was spent by allopathic doctors, who were in control of the health departments of provinces and centre, in giving bad names to Ayurveda. Doctors who had not learnt even the A. B. C. of Ayurveda began to abuse the system, calling it quackery and unscientific. These doctors knew English well and were versed in European way of propaganda. The result was that not only the English masters of that time, but also the English knowing leaders of India were prejudiced against this system.

So far the Enquiry Committees were concerned, there were some twelve appointed during the period of 1921–1946. All declared that Ayurveda is scientific and very useful for Indian conditions, but doctors in office and out of office went on emitting poison against it. It was merely the opinion of persons with vested

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interests. However, there were certain honest persons among them also and they throughout this period, tried to enlighten the public opinion about it.

The things have taken a new turn in the year 1947. The Government of India has gone in the hands of persons, who, though Indians, are, in fact, full of impressions and ideas that are English. They have been prejudiced by thirty years of propaganda by allopathic Doctors. If there had not been an overwhelming opinion in favour of Ayurveda, they would have exterminated Ayurvedic practice by this time.

Immediately after the establishment of interim Government in August 1946, the Health Member of India, Sir Shaffat Ahmad Khan convened a conference of the Health Ministers of different provinces and this conference, by overwhelming majority passed a resolution that all the provinces must establish Directorates for Indian systems of Medicines and these directors should be in charge of education, research and practice in these systems. Sir Shaffat Ahmed had a very short tenure of office. He was succeeded by Sir Pheroz Khan Noon who cancelled the resolution of the Health Ministers' first conference. It is difficult to say, whether Shaffat Ahmed could have carried out this resolution, yet this much is certain that his successors, Sir Pheroz Khan Noon and Shrimati Rajkumari Amrit Kaur have opposed the Ayurvedic system. They have very often spoken against this in public and private system.

The wonder of wonders is that the Chopra Committee, appointed by the Government of India, composed of majority of doctors and presided by a doctor, gave a report that Ayurvedic system is scientific and that Government should constitute directorates of Ayurveda in the Centre and States.

If the Government had implemented the recommendations of this Committee, then the delay caused by unnecessary appointment of and enormous expenditure incurred on this committee could have been tolerated. It may be remembered that this committee was appointed after the resolution of the first Health Minister's Conference was cancelled by the successor of Sir Shaffat Ahmed. The report of this Committee was opposed by the Health Minister of India, who is presumed to be a laywoman in this science.

When India was a slave of the British, such a thing could be understandable. In those days political and economic interest of the rulers were different from those of the ruled once. The British officers could easily ignore the opinion of the experts of this country, but now, when we are free, opposition by our leaders to the opinion of the Indian experts on a highly technical subject, like Ayurveda, is surprising.

Chopra Committee was appointed by the Government of India. Money to this Committee was provided by the advice of the present Health Minister. It was composed of Doctors in majority and the Health Minister of the same Government has the audacity to say that the findings of this Committee are not correct. Had it

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been the personal opinion of Shrimati Rajkumari Amrit Kaur and Pandit Jawahar Lal Nehru, the thing could have been understood. But the Prime Minister and the Health Minister of India, being laymen, abused their position by saying and doing against the considered opinion of a committee of experts. It simply means that the Government of India appointed worthless persons on such a Committee, which a layman, like our Prime Minister could refute.

The Government can postpone, on account of financial reasons, the implementation of the recommendations of the committee, but it cannot oppose it and call it unsound.

The Director General of Health has also called the report of this Committee as unsound in his official note on the report. He is an allopathic Doctor and belongs to the same class, which had been making propaganda against Ayurveda during the last third years. The Committee was appointed to, in reality, to test the correctness of the propaganda of this class. This was the reason for the appointment of so many doctors on this committee. The Director of Health for India, had submitted its statements before this committee and had appeared before it for giving evidence. In spite of his statement the committee has recommended that Ayurveda is a science and the Government will do good in constituting its directorates.

The opposition to the recommendations of this committee by the Director General of Health in particular and by Ministers concerned in general, now at this stage, cannot be in the interests of the country.

The Government of India has appointed another committee, known as Pundit Committee, to advise the Government on the matter of research and education of Ayurveda, but before the report of this committee could come out, the Health Minister of India convened another Health Ministers' Conference and have got an outline of Education accepted by it.

The whole of this procedure appears to be a manipulation for putting obstacles in the way of Ayurveda.

The All-India Ayurvedic Congress, has throughout the last thirty years, been pointing out to the Government of India, its wrong and unjust policy towards Ayurveda. It is doing the same thing now, in spite of the fact, the Government of India is in the hands of the Indian, who should not be swayed by prejudices in such matters, the Government is putting all kinds of obstacles in the way of implementations of recommendations by a committee of experts.

The All-India Ayurvedic Congress has passed a resolution, criticising the actions of the conference of the Health Ministers' in drawing an outline of syllabus for the study of Ayurveda at the back of a committee of experts appointed by the Government of India. This resolution has been published in the January issue of the 'Journal of Ayurveda'.

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The New elections for the Assemblies of the States of India and the Parliament of India are comming. If the Government had not meddled in the opinion of the experts, the All India Ayurvedic Congress would not have brought this issue at the time of the elections. Under the circumstances, the All India Ayurvedic Congress, which is the only representative body representing the interests of about two hundred thousands of Vaidyas of the country, have no other choice, but to demand the assurance from all the parties concerned with the coming elections, that they, if in power, they will not flout the opinion of experts in such matters.

If a mixed committee of allopaths and ayurvedists recommends that Ayurveda is capable of becoming the National System of Medicine in India, we demand, that no political party should work against that recommendation. If the political parties are not going to give the assurance that recommendations of committees of experts are going to be respected, then the All-India Ayurvedic Congress will have no other alternative, but to come into the political arena and to influence the votes.

Notes & News

Urinalysis Simplified in New Scientific Development

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Invention of Microscope

Anthony Leeuwenhock, a lens grinder of Deft, Holland was the first person to make a compound microscope. He made microscope—buildidg his hobby, and at the time of his Death he had 300 microscopes. Upon recommendation of Isaac Newton, Leeuwenhock was made a member of the Royal Society of London.

X-ray

Dr. Arne Frantzell, of Uppsala University, Sweden, claims to have developed X-rays that show muscles skin and fat as well as bones.

Review of Books

Hand Book of Medical Management

By WILLIAM J. KERR *1st Edition pp. 476* Price $ 3-0-0

The book is admirably to the point and concise. To a majority of readers it is likely to appear to be brief. Perhaps the aim of the author has been to give a broad outline of medical management in a compact and orderly manner and he has succeeded well in that. Anyone looking into this book for help will at once find the lines along which he has to proceed. Of course for details it is essential to consult a bigger work and with profit too.

Almost all the recent important advances in the treatment have been mentioned.

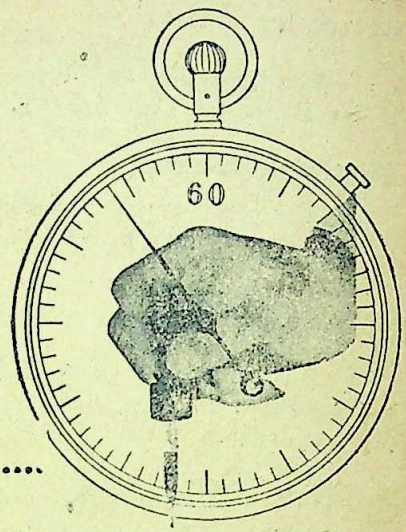
The book is particularly useful for a fresh graduate entering the field of medical practice.

Dr. Mohan Lal Sharma
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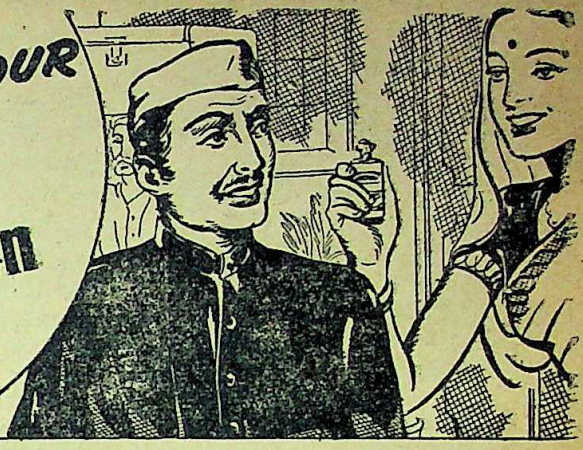
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जीवेम शरदः शतम्
(शुक्ल यजुर्वेद ३६।२४)
मृत्योर्माऽमृतं गमय
(बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 3 · January, 1951 No. 1

EDITORIAL

A Mad World !

The Oracle has again spoken. By this we refer to Pandit Nehru's inagural address to the 12th annual meeting of the Association of Surgeons, which took place at New Delhi on the 30th of last month. From the published report of the proceedings of this meeting it is seen, that Panditji devoted the best part of his talk to the Surgeons, to Indian Medicine. The relevancy or otherwise of his observation touching on Indian Medicine apart, the context of Surgeons conference would prove to be a misfit for airing ones pet views on Ayurveda and Unani. But it is the Prime Minister who spoke to the Surgeons. Like the proverbial Ceaser's wife, the Prime Minister is obviously above considerations of relevancy, context, and more important than these, his own personal knowledge of the particular subject of his talk. The context of a Surgeons' conference would perhaps justify a learned talk on the Science and Art of Surgery from Panditji, if of course his omnescience comprehended this subject also. We are, however, in doubt if even great Surgeons would have relished a learned discourse on Surgery by a "LayExpert," even though he may, like the Ceaser's wife, be above considerations of falliability. Panditji perhaps understood his own limitations in this regard, and preferred, to treat the Surgeons with his expert view on Ayurveda, as lesser of the two evils. Whatever its intrinsic worth, Ayurveda of course, is a nobodys concern, nor is it a fashionable or a glamorous affair. Neither does it seem to need any deep and critical study to confer authority and expertness upon lay-politicians and administrators to air their views on it as if as stated by Panditji "a layman having priestly intelligence is the most dangerous individual," the dabling in science by laymen with claims to scientific intelligence should prove to be a much more dangerous affair. After all, as Panditji very pertinently remarked "they are living in a mad world, however, much

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they may say to the contrary. Progressively, we are doing things madder than at any time in the history of the world." This then, is exactly the setting in which an eminent lay gentleman –the Prime Minister of India—gave a talk on Ayurveda to the Surgeons of India, whose acquaintance with the subject was no bettr than that of the former.

This reminds us of what Max Muller wrote about the views on Indian literature and philosophy, expressed by some of the Western Orientalists of his time. He observed :

> "I know of men who could not construe a line of sanskrit and who speak and write of your ancient literature, religion and philosophy, as if they know a great deal more than any of your Srotriyas. How often you must have smiled on reading such books. The idea that anything could come from the East, equal to European thought, or even superior, never enters the mind of these writers and hence their utter inability to understand and appreciate what is really valuable in oriental literature."*

This can be extended to apply to the present context.

While warning the Surgeons against "sniffing" at the "wonder remedies" of Indian Medicine, Panditji himself "sniffed" at the surgical works of Susruta and Nagarjuna and proceeded to strongly recommend to the Surgeons of India of the present many of whom have never even heard of the name of Susruta or Nagarjuna—leave alone the bother of reviving the surgical methods of the Surgeons of bygone days) the use of the "Scientific yard stick of trail and error and experiment," to find,"if what all these ancient surgeons have recorded in their works, will "fit into" the scheme of things." In this, the Panditji has either assumed or convinced himself of the existance of a forceful and insistent public demand for the revival of the Surgical methods of Susruta and Nagarjuna, and (*ii*) that these methods are barred by time and have therefore become obsolete, out-of-date and out-moded. The first assumption will prove to be baseless, if only the Prime Minister had taken the trouble to examine the Memorandum of the representatives of the several professional Associations of Indian Medicine, submitted to the Third Health Ministers' Conference which took place at New Delhi during August last. In this memorandum, the memorialists pleaded for affording them a fair opportunity to develop Susruta's Surgery which happens to be one of the great heritages of Bharat. The Memorialists even went a step further and expressed their desire, in conformity with the progressive spirit of Susruta and Nagarjuna, to bring Ayurveda upto-date by incorporating in it, the achievements of medical science during the last 15 years. The undeserved and unprovoked broadside which the Prime Minister aimed-presumably at those who pleaded for fair-play to the Indian System, that "To ask people to follow the works of Susruta and Nagarjuna, ancient Surgeons and do nothing to develop it was nothing but stark lunacy," has missed the mark. We are afraid that the Prime Minister's advise to the Surgeons of India, to apply the test of-

*Quoted by Sir P. C. Ray in the Introductory to his "History of Hindu Chemistry," Vol. I, PP. XLIV.

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"Scientific Yard stick" and get as much as possible from ancient Indian experience and always search for true ways of solving the many riddles that accosted them," was addressed to a wrong audience. It is to ask them to do the impossible. The reason for this is that the Surgeons and medical men of India do not have the scientific spirit of enquiry and open mindedness so necessary for the purpose. Panditji himself was "not prepared to admit that every practitioner of modern medicine practices the scientific approach." * If instead, he had addressed this advise to the Vaidyas who are very much in earnest and anxious to improve their system instead of the Surgeons and medical men of India, and also afforded them that encouragement and patronage he has been gratitously bestowing on the latter, there would perhaps have been a better and wholesome response to the same. The only explanation for this apparently contradictory phenomenon is that, this is a mad world, and "progressively we are doing things madder than at anytime in the history of the world."

The second assumption, that the Surgical methods described in the works of Susruta and Nagarjuna are barred by time and they would have therefore become obsolete, out-dated and out-moded, needs a brief examination here. This examination has to be prefaced with the views expressed among others, by Dr. Gririndranath Mukhopadyaya, B.A., M.D., in his Surgical Instruments of the Hindus—"A comparative study of the surgical instruments of the Greek, Roman, Arab and the Modern European-Surgeons," a Calcutta University publication-which will be illuminating. He observes:

> "They (the ancient surgeons) performed abdominal section, practised cranial surgery successfully, and no region of the body was thought sacred to the knife Field surgery was thoroughly understood .....They were acquainted with the circulation of the blood, the distinction between the artery and vein, the use of anaesthetics, the means of arresting haemorrahage and the proper treatment of surgical wounds."

The names of such eminent workers as Wilson, Hayne, Ainsle, Royle, Dutt, Thakore Saheb of Gondal, Jolley and Hoernale are worthy of mention in this connection. Testimonials of competent modern workers, some of whom happen to be Westerners who have applied the "Scientific yard stick" to the surgical works of Susruta and Nagarjna are hardly necessary to clinch an established fact

Leaving the testimonials and certificates of distinguished modern workers who have applied the test of 'Scientific yard stick' to these works aside, is it scientific, we ask, to question the value or otherwise of surgical techniques which are, according the critics of Indian Medicine, not practised by any body to-day ? Since the usefulness of these methods are now challanged, we may perhaps venture to take the position and state that, the "test of time" is an exacting yard stick' of science, and it can well be depended upon to filter through, only such things as have deserved to exist in their own inherent right. The Biological law of natural selection may

*Quoted from the full text of the Prime Ministers inagural address to the 3rd Health Ministers conference on 31st Augus 1950.

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well be extended to apply to culture, science, technology and arts also. If Indian Medicine including Surgery have survived through time, albeit all the adverse vissicitudes which it had to face throughout the centuries past, and the caravan of its contemporaries in history—the Egyptian, Chinese, Ionian and Arabic Medicine—have passed into oblivion, the more plausible or logical conclusion that may have to be drawn, is that there are in the Indian Systems, more than what meets the eye, which will call for proper and searching enquiry. The survival value of Indian Medicine can, as has been done several times before by its critics, sought to be explained away some how or other. But then, such perfunctory disposal would not make it easy for any one to disguise or obliterate the stark reality of a survival permitted by the exacting yard stick of 'time.' The fact will, however, remain that here to-day is a system, which is a very much leaving and pulsating organism which cannot be ignored.

Certain aspects of it such as the details of the methods and operative techniques of Surgery and Midwifery, Susruta and Nagarjuna have to all intents and purposes, been in a state of hibernation. Given proper and appropriate environment, it can be expected to develop in vigour.

The growth of the Science and art of of Surgery, forsooth, may not have developed beyond where Susruta and Nagarjuna left it during a thousand years at least but that is no reason to suppose and argue that the general principles basic to the Science and art of their Surgery have become obsolete, out dated and out moded. If one has eyes to see and an unprejudiced mind willing to learn it will be found that the remarkable progress made in the Science and Art of Surgery during the last 150 years relate mainly to the perfection of such details, as methods and techniques, rather than the basic principles. At any rate, there is something to be said to the credit of Susruta's and Nagarjuna' treatment of surgical conditions, which when actually tried in practice, have been found to yield excellent results. The obvious difficulty with the Surgeons of the present, is the aweful lack in them of an urge for enquiry; to examine in practice and verify the value or otherwise of Susruta's methods of treatment of surgical diseases which have as their aim, perfect healing leaving the least amount of scar and without involving loss or impairment of the functions of the tissues and parts involved, and see for themselves of the results claimed for them in the ancient books can be proved under modern conditions. To dismiss these lightly with choicest epithets such as, 'old,' 'primitive' and the like, is to tacitly acknowledge the proverty of scientific attitude in them. It will be relevant for us to remind the Surgeons of India of the observations made by Panditji himself in his opening address to the third Health Ministers' Conference in this regard. Stating that;

> "There is no question about the fact that India has a very creditable record in the field of Medicine in the past. What then should our approach be? Obviously, in a sense our approach should be one of trying to profit by past experience and integrate it with the best in other systems."

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he proceeded to observe :

> "A thing that is modern is not necessarily good because it is modern ; and a thing that is old is not necessarily bad because it is old. Similarly, the converse is also to be considered. A thing that is old is not necessarily good because it is old, and a thing is not necessarily bad because it is modern."*

Panditji is not the first to offer such a wholesome advise. Kalidasa addressed this advise, word to word and letter to letter, through his work Malavikagnimitra, to the Poets of his time. He says;

पुराणमित्येव न साधु सर्वं न चापि काव्यं नवमित्यवद्यम् ।
सन्तः परीक्ष्यान्यतरद्भजन्ते मूढः परप्रत्ययनेयबुद्धिः ॥

> "No Kavya is to be considered good and acceptable merely because it is ancient ; nor is it to be considered bad and unacceptable merely because it is modern. The wise ones accept the one or the other after subjecting everything, both ancient and modern, to discerning examination ; the unwise one allows his judgment to be formed by the opinions of others."**

The last sentence of Kalidasa touching on the 'unwise' has perhaps a relevancy to the present context.

In all discussions revolving around Indian Medicine during recent times, it has become fashionable to lay the blame for the retarted growth of Ayurveda at the doors of the 'Priests,' 'Priest-craft.' 'Priestly minds' and last but not the least, the 'Priestly intelligence of lay-men.' The learned President of the Surgeons Conference is reported to have stated that one of the causes for the retarded growth of Surgery in India in the past was "the interference of the priests as in Europe and Egypt." The Prime Minister who is the distinguished author of 'Glimpses of the History of India" and "The Discovery of India" is reported to have proceeded a step further in embellishing the above and observe as follows:

> "I would say, the latter, the priestly mind, is more dangerous than the priest himself. A lay man having a priestly intelligence is the most dangerous individual" -

These observations, we regret to observe, do not seem to be based on well known historical facts. For, from all available evidence, the apogee of the development of surgery as in the case of Medicine appear to have been reached during the Bramhnical period of Indian History when 'priests' and 'priest-craft' were the ruling factors. Dissection by medical students was insisted upon and practised during this time. Nagarjuna, Buddhist priest belonging to a much later date is not only known to have 'improved upon and supplemented" Susruta's great work on surgery, but he is also reputed to have been a great surgeon of his time. The founding of Hospitals all over the country was an unique feature of the Bnddhist period and these institutions were also known to have

*Extracted from the full text of the inagural address of the Prime Minister at the 3rd Health Ministers' Conference.

**Kalidasa Malvikagnimitra, Act I —Verse 2.

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provided for surgical treatments. Vagbhata, who is considered to have been a Buddhist, included surgery and surgical instruments in his famous work- Ashtanga Hridaya. From all the available evidence, 'priests, 'priest-crafts' and 'priestly intelligence" do not seem to have interfered with the development of surgery during the Brahminical and Buddhistic epochs of the history of Bharat The causes for the decline of surgery have, therefore to be sought for elsewhere.

Sciences and Arts need circumstances and conditions congenial for their growth and development. Their uninterupted progress is generally influenced by continuity in application and practice. The amazing progress made by Medicine and surgery, as indeed in diffirent other aspects, since the emergence of the west from the dark period of the middle ages, is in a large measure due to the setting in of a strong reaction against petrified dogmas imposed on people by the church, which repudiated the spirit of scientific enquiry of the Greeks. Discoveries engendered by certain accidents, set the pace for rapid advances in science. The Government and the people caught up the spirit of the times and contributed handsomely to the speeding up of the momentum of scientific progress which followed in the wake of such discoveries. The contemporary history of India corresponding to the dark age of Europe, did not, however, result in the repudiation of the scientific achievements of the Bramhinical and Buddhistic epochs. It may be that, not much was added subsequently to what was already known. But this does not mean a repudiation of the older scientific doctrines as happened in the case of Greek Sciences in favour of petrified dogmas of the Church in the West. Nor are we aware of instances in India of the persecution of those who dared to question the validity of the *Shastras*-Medicine, Philosophy and the rest-resulting in their being guillotined or hanged. In this respect the history of contemporary India was the antithesis of Europe. On the contrary, we see that *Charvakes* and *Lokayatikas*, who like their compeers of the present, denied the existance of the soul; asserted that "there is no 'Soul' apart from the body," propagated the view that "consciousness is a function of the body which is an indispensable factor for its manifestation;" "Consciousness" does not inhere in particles of matter. When these particles come to be arranged into a specific form, in a manner, not yet scientifically explicable, they are found to show life; * Life and consciousness are indentical," etc.** were left free to propogate their views without any inferference.

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* It will be interesting to find a familiar ring in the modern Physiological definition of life viz., "Life is the activity of the protoplasm." The protoplasm itself is composed of the most Ordinary elements peculiarly aligned-with carbon taking the leading roll. There is nothing new in this description of life, which is but a restatement of the position took by Charvakash and Lokayithas in the past in respect of life and consciousness.

**Consciousness is a function of the body which is an indispensable factor for its manifestation. Consciousness does not inhere in particles of matter. When these particles come to be arranged into a specific form, in a manner not yet scientifically explicable, they are found to show signs of life.

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The belief that Ayurveda represented revealed knowledge and could not therefore be improved upon, did not warrant its repudiation. The knowledge contained in it was at least respected and cherished, if not developed further. In contrast, the most unedifying spectacle of Medicine and Surgery in India to-day is, that their votaries have, notwithstanding all the encouragement and opportunities offered to them, not contributed anything of value to the sum-total of knowledge of these subjects. On the other hand, it has become a chronic habit with them, to identify themselves with and claim as their own, every advance made in the West by workers on these subjects. This, may we point out, is to shine in borrowed feathers! But for the periodical pilgrimages they make to the West-the Mecca of knowledge-their knowledge would perhaps remain as static and obsolete, as the knowlege of *Vaidyas* and *Hakims*-Such periodical pilgrimages to the West being given only to the few, the bulk of the Surgeons and Medical men of India are left with no other alternative than to swear on the authority of the scientists of Europe and America. If in the case of the *Vaidyas*, Charaka and Susruta are the '*Aptas*' or Authorities, in the case of the former, some one or the other of the modern Rishis in the West are the '*Aptas*.' Apparently, therefore, there is not much to choose between the 'dogmatism' and respect for 'petrified dogmas' of the *Vaidyas* and Doctors of India. We are sure that the learned President of the Surgeons Conference will not allege that the reason for this regretable state of affairs in his clan should be ascribed to the intervention of the much maligned priests.

Life and consciousness are identical. Our thinking power is destroyed with the dissolution of the elements by whose combination it is evolved. Consciousness is produced from the body which is endowed with life or vital air. Without sensation no consciousness is possible. When the body perishes no consciousness can remain; it must perish also. So there is nothing to transmigrate. The body; consciousness and sense organs are momentary. The mlnd is merely the product of a combination of elements just as wines are the results of chemical combinations. The four elements when combined produce or manifest the mind; there is no other reality than they. The instinctive movements and expressions of new born babes are due to "external stimulai as much as the opening and closing of the lotus and other flowers at different hours of the day or night, or the movement of iron under the influence of loadstone. In the same way the spontaneous generation of living organisms is frequently observed; e.g. the case of animalcules which develop in moisture or infusions or of the maggots or other worms which are developed in the constituent particles of curds and the like and which begin to live and move in so short a time." It is an indisputable fact that sensatlon and perceptions can arise only in so far as they are conditioned by a bodily mechanism. But it would not be so; were not the body the receptacle of consciousness. The properties of particular preparations of food and drink, conducive to the development of intellectual powers, afford another proof in favour of the fact that consciousness is a function of the body. As contraction is the function of muscles. so does the brain generates thoughts, movements and feelings. The mind. therefore, has no snbstantial reality of its own, but springs out of the vibrations of the molecules of the brain. When the molecular activity of the brain sinks below a certain level, consciousness disappears and the mind ceases to exist as in sleep. When again it rises above a certain degree, consciousness reappears. The conscious life is not a life of continuity. It is coming out and again going into nothing. The hypothesis of a continuous stream of consciousness is a myth of divines and theologians" A text-Book of Ayurveda. Vol. 1—Section II; Philosophical Background-Darsanas, pp 276—277.

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It is not clear to us as to what the Prime Minister expects the exponents of Indian Medicine to do. Both in this as on a previous occasion, he has insinuated that the exponents of Indian Medicine are not anxious to catch up with modern developments. He is reported to have stated that "To ask people to follow the works of Susruta or Nagarjuna, ancient surgeons, and do nothing to develop it was nothing but stark lunacy." This allegation by implication is based on an erroneous impression that, (i) the exponents of Indian Medicine mulishly stick to their old sciences, (ii) They are not desirous of improving the same, (iii) on the contrary, they urge others to follow the old methods, and (iv) the opportunities given to them to improve their methods were either spurned or wasted. These assumptions, we urge, are not based on facts. The Memorandum submitted by the several professional Associations of Indian Medicine to the Health Minisiers' in conference at Delhi will prove to the contrary. They have stated unequivocally and without any kind of mental reservation that they are only too anxious to develop Medicine and Surgery and also to incorporate all useful, proven and life-saving measures discovered by modern medicine in Ayurveda and had prayed for being helped to do so. However, our misfortune is, that our Prime Minister is told by the Health Minister that "this *Vayu*, *Pitha* and *Kapha*" business will not fit in with modern advances. This would become clear from what the Panditji said at the Health Ministers' Conference. He observed :

> "I understand that our Health Minister is going to address you on this subject. I have some inkling of her view, because, she has expressed them to me on several occasions, and she feels very strongly on this subject."

There is hardly any need for us now to go into the views and "strong feelings" held on the subject by the Health Minister, for, they are well known. With due deference to our Prime Minister and the Health Minister, we have to observe that it is unscientific on their part to be influenced by their Medical Advisers in the Government, who are all ignorant of Indian Medicine and proceed to express their views on subject of which they have little personal and intimate knowledge. They (the advisers) represent the survival of a generation of intellectual slaves-the lingering vestiges left behind by the I.M.S. steel frame. To them, India had no past to boast of- it was all Mumbo Jumbo of Bewerly Nicholas brand. An instance of how they mislead themselves and others into believing in their pet, albiet, wrong views, will be seen from the following. It has become fashionable for some of our countrymen to express in exact-titudes as was done by our Prime Minister at the Health Ministers Conference. He observes :

> "I believe that an Ayurvedic Physician thinks and talks in terms-you will forgive me if I am wrong-of Vayu, Kapha and Pitha. I am no scientist and I do not wish to go into this matter, but undoubtedly that basic line of reasoning is opposed to what might be called the basic line of reasoning of modern science. Mind you, the Vayu, Kapha and Pitha business is very similar to the ideas that prevailed in Europe."

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That this position could not be sustained can be seen from the views of Sir P.C. Ray on the subject. He says,

> "After all, we are afraid, too much has been made of the resemblence between the Greek and the Hindu theory and practice of medicine The analogy is more superficial than real and does not seem to bear a close examination. The Hindu system is based upon the three humours of air, bile and phlegm, whilst that of the Greek is founded upon four humours the blood, bile, the water and phlegm—a cardinal point of difference."*

We do not of course agree with Sir P.C. Ray's translation of Vatha, Pitha and Kapha, into air, bile and phlegm respectively. Researches in these undertaken by Sir Brajendranath Seal and Captain Srinivasa Murti, and the findings of the Scientific Memoranda Sub-Committee of the Government of India, Ministry of Health, Committee on Indigenous Systems of Medicine, have presented us with an entirely different version of the *Thridoshas* and shown that this theory though old is scientific in conception. One would expect the Prime Minister, who made no claims of being a scientist and expressed a desire to be forgiven if he was wrong in the views he expressed about the "Vayu, Pitha add Kupha business," to at least consult such men of modern science who have applied the 'Yard stick of sciences' to these theories, such as Captain Murti and the rest, instead of saying amen to the "Petrified" and uninformed views of the Health Minister Srimati Rajkumari Amrit Kaur, who in her turn is dependent on the advise of medical men ignoramous of Indian Medicine and who belong to the class described by Panditji viz., "I am not prepared to admit that every practitioner of modern medicine practices the scientific approach."

We could appreciate the objection of the Prime Minister against the use of terms "Indian Systems of Medicine" and "Western Systems of Medicine" in view of the ideal of universality of science. There could only be one system in the world, which should aim at the maintenance and preservation of health, and prevention and cure of disease. The ideal as envisaged by the Chopra Committee in this regard is to pool the resources of the many systems in vogue to-day and make them become part and parcel of a universal system. They observe :

> "Before concluding this chapter we wish to clearly state our views in regard to what is generally spoken of as different 'systems' of Medicine Viz., Ayurveda, Siddha, Unani Tibb, Western medicine, Homeopathy and the like. We hold that, if the aim of all of them is the same, i.e., the maintenance of health, and prevention and cure of disease, they should all be properly investigated and integrated in the form of a single system which should be capable of suitable alteration and adaptation in accordanee with time and other conditions.
>
> Science is universal and medical science is no exception. We do not believe that there can be separate systems of Western or Indian Medicine. Such multiplicity of system is only believed in and encouraged by people who have not clearly grasped the significance of the noble ideals as preached by the great Acharyas of Indian

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*Sir P.C. Ray: Introductory to History of Hindu Chemistry, Vol. 1; PP. xvi and xvii.

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Medicine and the savants of the Western medicine. The so-called "systems" merely represent different aspects and approaches to medical science as practised during different ages and in different parts of the world; anything of value emerging from these should be utilised for the benefit of human ity as a whole and without any reservation. It was our effort to avoid the use of term 'Systems" in our report; but as the word has been used in the terms of reference of the Committee we have used it, though reluctantly."

Till this great ideal is reached, as Eastern and Westerns are bound to exist as parallel systems. After all, we ask, what is wrong in continuing to call Ayurveda and Unani as Indian Systems. This term can, if necessary, be given up when the ideal of 'Universal medicine' has been achieved. As stated by Dr. Somasundaram in his Presidential Address to the 19th L. I. M. Conference last year. "What the Government seeks to designate as Indigenous Systems has been Indian all the time and will continue to be so in future also. It will cease to be Indian only when this country ceases to be called India and its people Indian. Why not issue an order that the term 'Indian people' should henceforth be replaced with the term 'Indigenous people !" And, for that matter, as pointed out by Captain Murti in his Presidental Address to the Scientific Sessions of the 2nd Conference of the All-India National Association :

> "One would have thought that the terms "Western Medicine" and "Indian Medicine" indicated the country of their origin, no matter where else they were practised; for, just as Western Medicine is practised in Eastern countries, so also is Indian Medicine practised outside India as in Ceylon, Pakistan, Malaya, Java etc. If H.E. Sri Rajagopalachari asked us, in the extract from his message qnoted above; to claim Modern Medicine (Western Medicine) as Indian Medicine so that both will be comprehended in the term "Indian Medicine," the Central D.O. and the Provincial G.O. order us to abolish the term "Indian Medicine" altogether. They order that hereafter the term "Modern Medicine" should be used for the western or Allopathic system and the term "Indigenous Medicine" for what was known till now as "Indian Medicine."
>
> So in the future dispensation, the contrast or distinction is to be between "Modern Medicine" and "Indigenous Medicine" with the implication that the matter is antiquated and not upto-date; one would have thought that if the term Modern Medicine is to be contrasted with anything, it should or with a term like ancient medicine, both terms being of the time order. If on the other hand, the distinction is to be, not of the time order but of the space order, the term Indigenous Medicine should have been contrasted with non-Indigenous or exotic Medicine, but under the extra ordinary logic of the Provincial G.O. based on the Central D.O. communication, the distinction is between a thing of the time-order and another of the space order with the result that the distinction is quite inapplicable in a large number of cases."

The controversy over Indian Medicine has lasted long enough. It does not appear to have advanced India, Indian Medicine or the Western Medicine. In the meanwhile, the gigantic task of organising the country and make use of all its available resources to meet its immediate and long term needs is baffling the best brains of our land. As the Deputy Chairman of the Planning Commission wisely observed in his note on "Measures to Secure Public Association and Co-operation," there is also further the no less difficult and the far more important question of evolving a method and an agency for

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making *the best use of the hitherto untapped energy, and resources of the people* after creating a suitable psychological climate.....*Even the meagre resources available for meeting the current needs of the people are not being put to the best use*..... .....on the other hand, *there is known to exist a volume of untapped knowledge and experience, skill and energy and other resources which may be utilised for promoting nation-building activity and* filling some of these gaps, if it is drawn to a reservoir and not allowed to run waste. Numbers of people—old and young–are heard saying that they are keen to make themselves useful to the country but are given no opportunity. Some of them would be found wanting when put to the test, *but a considerable proportion may give proof of a genuine urge for service.* Cannot these people and the things remaining to be done be brought together ? If it were possible, so much good would be achieved in changing the atmosphere of the country apart from material results, which may themselves be of considerable magnitude." We submit that Indian Medicine and its paractitioners represent a very big volume of hitherto untapped knowledge, experience, skill and energy and resources which can neither be wasted nor ignored. To do so is like Killing the goose which laid golden eggs."

C. D. N.

Solution of Functional Ailments

By

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The medical authorities of America are of the opinion that about sixty to eighty per cent of the total medical cases are functional. They originate in mental tension, disturbance, and frustration. Mental tension may be caused by the wrong outlook on life or by other basic difficulties of an egocentric nature. Nevertheless, it creates serious mental maladjustment, disappointment, anxiety, and worry. The cause may be on the unconscious plane, as many Western psychotherapentists conclude, yet it is powerful enough to disturb the equilibrium of mental harmony. Consequently, there is serious mental tension which affects the nervous system. This, in turn, creates functional disorders like stomach ulcers, hypertension, some heart diseases, etc. These gradually affect the human organism.

Specialists like Dr. Pratt and Dr. Golden of Boston, and Dr. Wolfe of New York, have made amazing discoveries regarding the effect of mental disturbances on the physical structure of man. X-rays taken by Dr. Wolfe have provided striking evidence of what tension can do to bodily fuuctions. Dr. Golden, under the supervision of Dr. Pratt in the Boston Dispensary, a clinical institution, made experiments on about three hundred people suffering

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with physical ailments. Most of them were cured or helped by the use of the hypodermic syringe, which contained no medication but which was accompanied by conversation suggesting a cure.

Most of the physicians of internal medicine in America are deeply concerned about functional ailments. They think that unless the mental condition is strengthened, functional ailments, such as stomach ulcers, hypertension, and such other disturbances, cannot be cured by medication, even though they may be ameliorated. So they suggest that patients must strenghten their minds with the help of family physicians, psychotherapentists, counsellors, and religious teachers. Some of them have already started to give their patients mental training and relaxation exercises and find that they are very effective in curing functional diseases.

Herein lies the utility of Indian philosophy and religion. The Indian Ayurveda system is very closely related to the general philosophy of life in India. It seems to us that when the Ayurvedic doctors fully realize how their philosophy of life can contribute to the welfare of the human physical system, by strengthening the mental condition of the patients, they can contribute something unique to the medical practice of the world. Our humble understanding of the Indian medical system is that the Ayurvedic doctors were cognizant of the relationship between mind and body, or what the modern medical authorities call the psychosomatic relationship. Psychosomatic diseases, namely, diseases originating in malfunctioning of the mental processes, can be successfully handled only by the right understanding of life.

Indian religion gives proper evaluation of the different functions of human beings in life. According to Indian religion, the supreme goal of life is knowledge of God and awareness of Him. Worldly enjoyment, use of the different methods for attaining it, and ethical principles for life in the world are considered of secondary value.

It is obvious to us that unless man properly evaluates the different objectives of life and understands the values of his various functions he cannot prevent the occurrence of mental disturbances. Frustration and tension in the mind are inevitable so long as physical well being, success in the world, and attainment of power, position, and fame, etc. remain the primary objective of life, and so long as the highest value—religious living is ignored.

Western countries, like America, offer all the opportunities for attaining the best in physical welfare, yet America is facing a serious situation with the high rate of psychosomatic diseases or functional illnesses, to the extent that medical authorities are actually frightened. This was recently discussed in a meeting of The Psychiatric Association of America. In spite of the opportunities for physical enjoyment and success, these facts show that the greatest amount of sense pleasure will not satisfy the mind and remove tension, worry, and frustration.

Taking this lesson from the conditions in American life, the Indian medical practitioners should adopt preventive methods so

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that India will not have the same experience as the most successful Western countries in dealing with mental and physical ailments. We admit that the physiogenic diseases, namely, organic ailments, must be medically treated. Functional troubles in advanced stages must also be medically treated, but the real cure lies in mental adjustment and cultivation of satisfaction in the religious philosophy of life.

Devotional exercises in the form of meditation, *Japan*, etc. help to relax the neuromuscular system. In India it has been found that the secret of physical and mental relaxation lies in the practice of these devotional exercises. It is interesting to note that some of the American madical authorities are adopting the Indian type of relaxation exercises for the removal of mental tension. So we feel that Indian medical authorities should use their ancient gifts for the treatment of functional ailments. In fact, when the mind becomes strong and the emotions are regulated and harmonized through the cultivation of the higher philosophy of life and devotional exercises, then alone can functional ailments be properly handled, ameliorated, and finally cured.

KARMA VIPAAKA OR THE ROLE OF THE MIND IN CAUSE AND CURE OF DISEASE

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INTRODUCTION

"*Mana eva hi Manushyaanaam Kaaranam Bandha Mokshayoh*" is not doubt a very familiar maxim; but no body has yet demonstrated it objectively.

It is not more than fifty years that modern medicine began to realise the place of Mind in health and disease. Psycho-analysis and Psychiatri both owe their beginnings to Dr. Freud. But, in India the Ayurvedists, centuries ago, developed "*Karma Vipaaka*" as an important branch of medicine, with the conception that not only that the mind has its role in health and disease but the most important role in the economy of both the cause and cure of disease.

The most authoritative work on *Karma Vipaaka* is *Bruhat Surya Aruna Karma Vipaaka* recorded in the form of question and answer between *Surya* the Sun and *Aruna* his driver. *Karma Vipaaka* literally means the process of metamorphosis or transformation of mental concepts into disease rudiments, which develop into *Paapa Rogas* or diseases of toximic origin. It was adduced that the mental concepts of torture inflicted upon innocent men and animals reflect from the victims into the mental plane or their authors in a very subtle and unconscious manner on the Psychic Plane and quickly sink from the conscious into the subconscious and finally into the unconscious strata and form the Mental Focus of a disease appropriate to the sin or harm inflicted.

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A list of the diseases was prepared with the arrangement in three distinct categories namely 1. *Paapa Rogas* of the 1st degree Psycho-reflex Toxic focus; 2. *Ati Paapa Rogas* of 2nd degree Psycho-reflex Toxic Focus; and 3. *Maha Paapa Rogas* of the 3rd. degree Psycho-toxic Focus. *Raja Yakshma* or Pulmonery Tuberculosis, *Kushta* or Tubercular Leprosy and a number of major diseases are classed as *Maha Rogas* of the 3rd. degree toxins. *Jalodara* or Ascitis. *Yakrut Pleeha* or Hepatic Cirrhosis, *Soola Roga* or Gastro-intestinal Ulcers etc are put in the 2nd degree toxins. *Switra Vapuh* or Leucoderma, *Vicharchika* or Eczema, *Valmeeka* or elephantiasis etc are placed in the 1st degree toxins vide appendix.

All these diseases are alleged to become more or less chronic and quickly become refractory and additionally descend into the progeny. *Maha Paapa Rogas* might descend up to seven generations: Ati *Paapa Rogas* might descend up to five generations; and the *Paapa Rogas* might descend up to three generations and end with the grand child. The descent is as often through skips as it is by succession.

General refractory nature of Papa Rogas.

In spite of the triumphant advance of modern science and the recent anti-biotics, nearly every one of these diseases is truly rebelious and defeats the skill and the talent of the physician. In many cases the ætiology of a large number of the *Paapa Rogas* is still obscure for instance, the true ætiology of Hepatic Cirrhosis,referred to above as *Yakrut Pleeha*. Probably, our failure is due to our faulty conception of the initial disease formation and our faulty approach of treatment leaving the aspect of the mind in the cause and cure of disease. Even the classic Ayurvedist like modern medico limits his work to the physical body and its treatment as "*Kaaya Chikitsa*" ignoring the mind.

Ancient Ayurvedists, however, insisted upon paying particular attention to the mental aspect of the disease to clear the way first by the institution of an appropriate *Prayaschitta* on the basis of exhaustive Psycho-analysis. I, for one, did not for a long time believe *Karma Vipaaka* till I was compelled to resort to it after torturous suffering from a chronic *Vicharchika* of the 2nd degree *Paapa* which revelled against all known treatments including Auto-Vaccin therapy. With the utmost reluctance, no doubt, I agreed to take the prescribed *Prayaschitta*, and its hidious ordial including refection and renefrin in the holy name of "*Pancha Gavya*" and adopted the method of the ancient Organo-metalic complex chemical medication. Critically, however from the initial *Prayaschitta*, I secured periodical check up of all the major physiological systems with the help of an M.B.B.S. Doctor as my home guide and the Professors of the Mysore University Medical College, for expert guidance with monthly tests and records of blood composition and blood chemistry cardiology, radiology, opthalmology and other biological essay from time to time. The happy result is that in the place of the thick, ulcerated and nasty Eczematous patches perfectly healthy skin has since come up with the normal hue and absolutely no cicatrix or other trace or sign to show the old story, so much so, that it became difficult to

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point out where the patch stayed for more than ten long years. This experiment has given me the training and experience with the unique opportunity for both the objective, observation and subjective feelings to enable me to advise and guide others in this line of *Vedic* Therapy. It is now well nigh four years and I have not the relapse nor its threat. In the meanwhile, I have applied myself to the study of some of the *Atipaapa Rogas* and feel that I should release my fruitful researches for the benefit of the suffering world.

The text of the *Karma Vipaaka* manual is in simple *Sanskrit* but the language is so arranged that unless one has the right clue he will not make the head or the tail, as the prescriptions are all in terms of gifts to Brahmins which to the modern mind have no meaning.

I propose to deal with the diseases so far studied and publish them one after the other in a serial, one every month. In this article I will deal with the *Karma Vipaaka* of Soola or Gastrointestinal Ulcer.

Psychic Concept of Soola.

Gastro-intestinal pain is traced to its earliest rudiments in the form of mental recoils of feelings of torture protected by victimised men and animals upon the mental plane of the authors manifestly invoking the Gods for vindication, and as often for mercy, from the the aggressor. Usually, the tyrant, and perhaps also the psychopath pays no heed to the appeals. Some people, however, feel at the time some sort of guilt and within themselves feel a corresponding remorse. Others, though rarely, feel a sort of Momentum and anticipate a future return. Any way all of them very soon forget the event once and for all. For some time, the event lingers in the subconscious plane and presents it Momentum once or twice and ultimately sinks into the unconscious plane. While in the subconscious plane the event produces a sort of fear complex proportionate to the gravity of the guilt and the system it victimised.

Soola is denominated according to its seat, namely 1. *Kukshi Soola* or Gastric Ulcer and pain, 2. *Paarshwa Soola* or Pyloric Ulcer and Pain, and 3. *Prishta Soola* or Duodenal Ulcer and Pain. *Soola* as it applies to the gastro-intestinal system connected with food is rightly traced to its rudiments in the initial recoils projected from the tortures connected with the Food System inflicted upon the victim, in the form of robbing, defiling, and other forms of deprivation leading to starvation or other forms of sufference.

The neurotic actually feels the mental impulses from some hidden source moving in his stomach at actual food time; while the normal person experiences no such feelings. But in course of time, when the opportunity presents itself during a heavy feast or prolonged

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excesses, he is bound to get the first experience of some sort of gastritis. At the present time of food shortage and coffee-hotel-mind and Coffee-hotel-fashion, excesses and indiscretions rule the society and present earlier and frequented opportunities for the Mental Soola Recoils to invade the gastro-intestinal system and set up specific focuses. The mental recoils affect the micro-flora of the gastro-intestinal walls in a way first to effect changes in the time, order, intensity and composition of the gastric and other secretions. Unless timely corrected by the *Ashwa Saaradhya* or the complimentary adjustment of the Sympathetic and parasympathetic ganglionic nerve chains, the secretary deflections will progressively weaken the elastic outer covering of the wall cells; and eventually succeed in gaining the head way to dissolve them to make the beginnings of the ulcer formation. First the superficial coat and next the intermediate coat and finally the third and muscular coat of the gastric or intestinal wall be burrowed and ulcer becomes chronic and refractory. vide-text.

Soolasya Saamaanya. Vicharas (*Bruhat Surya Aruna Karma Vipaaka*) pp. 62.

शूली स्यादन्न हर्ता च जन्मन्यत्र पतत्रिणः ।
हिंसको वा मनुष्याणां शूल-रुक्पीडितोऽधुना ॥
तच्छूलं ब्रह्मणा सृष्टं त्रिपुराणां विनाशने ।
कुक्षिस्थमथ पार्श्वस्थमथवा पृष्ठवंशगम् ॥

Apart from direct food deprivations and enforced starvations, some people make false promises which they never mean to fulfil; and perpetually keep the less fortunate hanging around them often giving free labour. This kind of Ruse-de-medico is very commonly indulged by certain classes of hobbyists and opportunists in our country, particularly employed against the class of *Sadhus* who are believed to be in the possession of certain secret formulæ for making gold from mercury and copper, or some short cut methods for making bhasmas of metals like iron, gold, copper and silver in just one or two small *puttas*. The *Sadhus* are more artful and more experienced than these trickish civils and escape deception; and cleverly curse the aspirants, should they fail to fulfil the promises. But, it is an entirely different matter, when the same trick is practised over a *Sanyasi*, who was regularly iniciated and has practised the ascetic rules of occult exercises. Their curses will be pregnent with power and therefore act with more effective and immediate mental recoils not only to vitiate the gastro-intestinal system but the other systems also straight away. The possibility in such cases is always there that the heart is involved and there is enormous rise of blood pressure leading to *Siro-roga* cerebral symptoms and *Shrotra roga* or Labrinthal Vertigo what is commonly called *Siro-bhrama* and *Sanyaasa*. vide text again

श्रुत्यध्ययनसंपन्नं याचितारमकिंचिनम् ।
ब्राह्मणं दानमाहूय दानार्थं न ददाति यः ॥

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स भवेत् जठरे शूली तथाऽऽध्मानी च कर्हिचित् ।
शिरोरोगी श्रोत्र-रोगी शूली चारुचिमान् भवेत् ॥

Periodical Exacerbations.

The disease and its complications show up periodical exacerbations sometimes form the errors of diet and errors of season and at others from errors of metabolism and behaviourism. We have observed above that due to the deflections set up in the intestinal microflora, the buffer and complimentary balancing of the bacterial and other Biogenic factors called *Doshas* in the oriental language, certain *Doshaja* or organic and *Karmaja* or fuctional disorders show up making the disease or its complications flare up, in the form of gastric upsets or blood pressure shoot ups in alternation or concurrence. vide text.

Soola Kopa Hetooni

कर्मप्रकोपेण कदाचिदेते दोषप्रकोपेण भवन्ति चान्ये ।
तथा परे प्राणिषु कर्मदोषौ कायस्य चित्तस्य विकार रूपौ ॥

Prayaschitta to prevent Chronicity.

Unless and until the focus in the mental plane is effectively healed up and removed, the succession of mental impulses from the psychic unconsciousness flowing into the physical focuses of the *soola* and its associate symptoms will continue. *Prayaschitta* for clearence of the Psychic strata of the original traces is prescribed as the first requisite for successfully arresting the disease and localising it in the physical focuses for medical treatment. Probably, even obviously, this is the main reason why ? the classic treatments fail. please vide text.

Soola yaapya hethuh.

प्रायश्चित्तं नकुर्वीत न कुर्यात् कर्म किंचन ।
अनिस्तीर्य मघं नित्यं वर्धते द्विगुणं पुनः ॥

Soola Upadravaascha.

कोपे कोपे पुनः कोपे कर्मयोः दोषयो रपि ।
शिरो रोगी श्रोत्र रोगी शूली चारुचिमान् भवेत् ॥

In the present social texture of cosmopolitan citizenship and coffee-hotel and picnic fashions and indulgences, food and dietetic indiscriminations and errors become unavoidable, and they vigorously maintain the vicious circle of error and exacerbation. vide text again.

Avratacharana Pratyavayavah. Evils of dietic indiscriminations.

शूद्रस्यै व तु भुक्त्वान्नमव्रतस्य द्विजस्य च ।
शूल व्याधिर्भवेन्नित्यमजीर्णाच्चाविपीडितः ॥

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Shanti Vidhi or **Redemptory Procedures.**

We cannot exaggerate the need for the initial redemptory procedures meant for the procurement of a formal reconceliation or pardon from the victimised *Saadhu* or *Sanyasi* if he is living and could be reached, in order to stop the fountain source of the primary flow of reflective mementos. In the alternative, it was wisely suggested to make over the value of the redemption to his successors or others in the line; and if this also is not possible to make the value as a gift for charities for feeding the needy and the destitutes, with the hope of getting an accumulated good feeling to neutralise the effect of the old memory. vide–

Kshamaa Vidhi.

विधाय वैष्णवं श्राद्धं संकल्पं निजकाम्यया ।
धेनुं दद्यात् द्विजेभ्योयं दक्षिणाश्च स्वशक्तितः ॥
अलंकृत्य यथा शक्ति वस्त्रालंकरणै र्द्विजान् ।
याचेत दण्डवन्नत्वा प्रायश्चित्तं क्षमान्वितम् ॥

Poorva Vidhe ralaabhe Gouna Vidhi.

दानैर्दीभिरतिथिद्विजगोदेवतार्चनप्रणतिभिश्च जपैस्तपोभिः ।
इत्युक्त पुण्यनिचयैरुपचीयमानं प्राक्पापजातमशुभं प्रशमं नयन्ति ॥

Therapeutic Expedients.

The Oriental treatment appears perfectly rational, in as much as it contemplates rest or *Nishkruti for Karmaja* functional faults and *Oushadhi* of medicine for *Doshaja* or organic faults; and both in symptom complexes. Vide text.

Chikitsa Vidhi.

निष्कृत्या कर्मजन्मोत्थो दोषजस्त्वौषधेन च ।
उभयाज्जायमानस्तु, निष्कृत्यौषधिसेबया ॥

Formula of the Organo-metalic Complex Chemical Agent.

Oriental treatment of any disease is to localise it and attack it from all sides, effectively blocking the ways of its projection or escape into other systems. Gold, Copper, Silver and Iron go into the composition in the form of well prepared calxes, priliminarily treated with *Badarica Amla*, a mild acid, and bound and closed in silk and processed through a slow and continued organisation and molecular arrangement under the *Putta* process of burning over a heap of Gingili seeds. After *paachana* or chemical organisation, the metallic calxes will be mixed up with the carbons of the silk fibers and later diluted by the gingili seed ashes and administered with ghee followed by a glass of tender coconut water on the empty stomach first thing in the morning. And the patient put on milk or milk and rice diet.

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Gold has the finest fat splitting energies and organises the fat in the ghee with the help of the alkali base and the astringent coconut water to quickly form a supportive coat on the ulcers to allow the food to pass over normally. Gold is a nervine; and in the combination with copper a well known anti-spasmodic controls the *soola* and its projections. Silver has a specific property of restoring the lost elasticity of the arterial walls and tends to reduce the high blood pressure with a simultaneous increase in the muscular power of the heart itself. Iron is a well know astringent and haemostatic and remedies the macrocytic anæmia and restores the lost strength and vigour and general resistance. besides granulating the ulcers to heal.

Unlike the modern stock-in-trade carbonates and kaolin powders which lose their effect with time and do not minimise the cell soluble and erosive action of the stomach secretions, the above treatment is an all round and all inclusive attempt for regeneration of the system and eradication of the offending focusses once and for all. Vide.

तत्रौषधनिर्माणक्रमः–

पलार्धेन तदर्धेन तदर्धेनापि वा कृतम् ।
सौवर्णं राजितं वापि शूलं कुर्यात् प्रयत्नतः ॥
ताम्रेण वाऽयसा वापि बदरेणाथ वा पुनः ।
शुभवस्त्रेण संवेष्टय तिलानामुपरि न्यसेत् ।
तिलानां परिमाणं तु द्रोणं चापि तदर्धकम् ॥
तदर्धं वा यथा शक्तिप्रजपेत् ब्राह्मणः शुचिः ।
ततो हुतवते शूलं पूजयित्वा स्वशक्तितः ॥
दद्यात् स दक्षिणं तत्तु प्राङ्मुखो वा उदङ्मुखः ।
ततः स्नात्वाऽथ भुंजीत ब्राह्मणैः सह बन्धुभिः ॥

तत्र जपविधिः–

"नमः शिवाये" वि केचित् प्रणवादि पठन्ति च ।
त्रियंबक मित्यपरे सद्योजातादि पंचक मित्यन्ये ॥
रुद्रेण शतरुद्रेण नमकानुवाकैः सर्वोत्तमैरपि ॥

***Soola Punarbhava Nirodha* or Prevention of Relapses**

तज्जन्म वेदिनो व्याधे रलाभः फलम् इति न्यायेन—

On the principle of dissemination of the knowledge of how diseases form and become chronic and refractory as the best way for its eradication, the patient will be put on a sufficiently long course of open therapeutic treatment and a similarly prolonged convalescence and later closely followed up for some time. This is just why the treatment is on the long range system with a schedule of one to three years, and a later periodical check up if necessary with an annual *Prayaschitta* with compulsory refection and renephrin *Pancha Gavya*.

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The best way of prevention of relapse is to avoid the causes and not to repeat the guilts and faults of wilful deprivation of the food of others and other sorts of tortures generally and particularly making false promises, plagiarisms and deceptions on the class of *Saahus* and *Sanyasees*. The *Sookti* "*Saadhu Sajjana Santaape Kim Aascharyam Kula Kshayam ?*" is as true now as when it was said. We daily see the children of cruel misers and exploiters inheriting the whole of the torturous gastric and duodenal ulcers and cancers of the stomach, and suffer perhaps with compounded intensity. How many misers and extortionists and hoarders are in the present society who cannot eat and digest two morsels of common rice and curry and have to stay eternally on just a few ounces of thin *kanjee ?* Vide.

शूली परोपतापेन जायते वपुषा पुनः ।
सोऽन्नदानं प्रकुर्वीत तथा मन्त्रं जपेद्बुधः ॥
पुनर्मन्त्रमत्र नमश्शिवायेति केचित् ।
त्रियंबक मित्यन्ये सद्योजातादिपंचकमित्यपरे ॥

All such persons will best be advised to become really spiritual minded and practice some sort of meditatory and incantatory *Jaapa* exercises at least to divert their minds from the wanted schemes of amassment and profiteering. *Teertha Seva* and piligrimages also serve not only as diversion and change of climate but as instructive training in society and its wider social economy. Vide.

Teertha Yatra Piligrimages for change

जपं होमं तथा तीर्थस्नानं वापि समाचरेत् ।
तीव्र वैराग्य संयुक्तः कुर्यात् ब्राह्मणभोजनम् ॥

Diet and descretion.

शूद्रस्यैव तु भुक्त्वान्नमव्रतस्य द्विजस्य च ।
शूल व्याधेभवेवृद्धिरजीर्णाच्चातिपीडितः ॥

Diet in Soola.

Vegitarian diet is best and that in moderation and adjustment to the season and occupation. At the present time, Coffee Hotels are the greatest evil; as the dainties, which they cater are heavily spiced irritative and often under cooked or over roasted and therefore difficult and late of digestion. Certain combinations like the *Masaala Dosae* and the Coconut and Bengal gram chatni with the half cooked or quarter cooked onions constitute extremes of misbalances and extravagances, and veritable sources of gastric and intestinal ulcers and upsets. If may not be an exaggeration if the increasing incidence of appendicitis and pancreatic tragedies are traced to the consumption of half and quarter cooked onion in the *Masala Dosae* and the unseasoned coconut gram chatni. Coffee hotels and their fashions should best be avoided and homely and well balanced foods and puddings be adopted. Vide.

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Soodraanna Nirasana. Non-vegetarian diets ruled out.

शूद्रस्यैव तु भुक्त्वान्नमव्रतस्य द्विजस्य च ।
शूल व्याधेर्भवेद्वृद्धिरजीर्णाच्चातिपीडितः ॥
शूद्रान्न मामिषान्नमेव।तथा च अव्रतान्नं पलांड्वादिभिः ॥

Types of Praayaschittapreparatory procedures.

Soola being placed in the second degree toxemias possible of descending up to five generations, redemption and anti-anaphylaxis must be comparatively severe and prolonged. *Praaiapatyam*, and *Vyaasa Krudhra* are reasonably indicated. *Praaja Patya* is rather elaborate. *Vyaasa Krudhra* means simple milk diet for 21 days evidently to give rest to the stomach. *Homa* is a peculiar process of oriental anti-anaphylaxis. It consists of fumigation with a small piece of the offending vegitable or cereal soaked in *ghee* just half to one hour before actual meal time. The fumes will exert a specific desensitisation in the individual and enable him to eat and digest that material in the normal way. Vide.

Prayaschitta and Homa-Niroopana.

चान्द्रायणं व्यास कृत्यं प्राजापत्यं तथापरम् ।
होमाद्यपि च कुर्वीत व्याध्यादेरनुरूपतः ॥

Period of the course of treatment.

As already mentioned, the course extends over one to three years of specific medication, convalescene and check up.

Balancing diet and its predigestion.

It will be appropriate here to quote the text of *Vishnu Puraana* on the subject of *Aahara Aayatana* or Balancing and *Nistikarana* or its predigestion, detailed in the chapter entitled as *Rrhubhu Prakarana.* There you find a dialogue between *Rrhubhu* and his *sishya* by way of question and answer. The *sishya* askes the *Guru* to tell him "how exactly one man's food becomes another man's poison; and how, again, to avoid it ?" It was adduced that due to three possible causes the food necessarily becomes poisonous. Namely 1. due to individual idiosyncrasies 2. due to incompatible union of food materials, and 3. absence of the requisite internal secretions and enzymes required for proper digestion and elaboration like pepsin, pancreatin, tripsin, bile and gall. All these three contingencies are sufficiently dangerous and should be scrupulously avoided. The best way to escape, then, is to secure proper balance or *Aayatana* and additionally *Mrushtikarana* or predigestion of the food by the addition of the deficient digestive ferment, enzyme, or vitamin. Vide,

Aayatana and *Mrustikarana* balancing and predigestion of diet.

ब्र० अमृष्टं जायते मृष्टं मृष्टममृष्ट मपि जायते ।
मृष्टामृष्ट विचाराय जिज्ञासा मे कृता तव ॥

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उ० आरब्ध कर्मोपस्थापितेन अथ वस्तु स्वाभाविकेन क्षुद्रभावेन
वा वा अन्नं कदन्नं भवति ॥
तस्मादन्नं न भुंजीत यदनायतन ममृष्टकृतं वा ॥

Benefits of Aayatana and *Mrushtikarana*.

The first benefit of proper *aayatana* and *mrushtikarana* will manifest in efficient elimination of the effetes through fæces and urine without cause for stassis and reabsorption and refection toxemia. The intestinal micro-flora will be perfectly cleaned and invigorated for the process of complimentary biostasis and biolysis required for the procurement of timely and adequate equilibrium of *doshas* or what correspond to the modern complimentary phases of Biostasis and biolysis of the formati cell Bioblasts in the intestine. Vide.

Aahara Antahkarana or Intestinal Biogenisis.

तेन मृष्ट कृतस्यायतस्य वा यव वाटय दन्नस्य स्थूलांशः
मलमूत्र भूतो निर्गच्छति । सूक्ष्मांशः पार्थिवाप्य धातून्
आलिप्य स्थिरंकुर्वन् अति सूक्ष्मांशं प्राणेन अन्तःकरणं भवति ।
इति विष्णु पुराणे ऋभु प्रकरणे ॥

Patient Physician Relationship and Remuneration.

Unlike modern medical practice, Ancient Ayurvedist was at once pharmacist, priest, guide and well-wisher. His duties are therefore manifold and range over many offices, places, and periods; necessarily his remuneration should be correspondingly multiplied. The text therefore puts it at a modest minimum of Twentyfour *Nishkas*. *Nishka* is ancient Indian Gold coin weighing 320 grains each, probably corresponding to the modern Dollar. *Nishka* is also called *Phoola Varaha* or four *varahas* each weighing 80 grains the approximate weight of the modern sovereign gold coin. Additionally he was expected to be provided with other domestic necessities and asked to be kept sufficiently above want and in progressively good humour. Vide.

Viadya Dakshina.

निष्कविंशतिं दद्यात् ब्राह्मणाय चिकित्सके ।
विष्णु प्रकाशकान् मन्त्रान् जपेद् रोगोप शान्तये ॥

Publicity and propagation of *Karma Vipaaka*.

The utility of *Karma Vipaaka* is not the present patient and his family. But, it has a long and wide range social value and the whole matter should be publicly and openly practised. The beginning should be made with a public visit to the temple preparatory to the *Prayaschitta* and in the end and probably at every stage say close of active treatment and again after convalescence, the patient and the physcian should be paraded in a procession again through

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the main streets to the temple vide the second part of the above stanza.

APPENDIX

Maha Paapa Rogas of the 3rd. Degree intensity, which descend upto seven generations and they require the whole of the *Japa-Homa-Daana-Surarchana-Oushadhi* Five Fold Therapeutic Expedients. 1. *Kushta* or Tubercular Leprosy, 2. *Raja Yakshma* or Miliary Tuberculosis 3. *Prameha* or Nephritis, 4. *Grahanee* or Sprue, 5. *Mootra Kruchra* or Urethral stricture, 6. *Ashmari* or unrinary calculus. 7. *Kaasa* or *Kaasa-Swaasa* or bronchial asthma. 8. *Atisaara* or Diarrhœa, 9. *Bhagandara* or Fæcal Fistule, 10 *Dushta Vranam* or Cancer, 11. *Ganda Maala* or Goitre and Scrofula, 12. *Pakshaghaata* or Hemeplegia, 13. *Akshinaasanam* or Cataract and Glaucoma.

Ati Paapa Rogas of the 2nd Degree intensity, which descend upto five generations and require fifty percent of the above pentaganal therapy. 1. *Jalodra* or Ascitis, 2. *Yakrut-pleeha* or Hepatic Cirrhosis, 3. *Sopha-Vrana* or serpantine ulcers on the leg, 4. *Soola* or Gasto-intestinal ulcers or billary colic, 5. *Ajeerna* or Dyspepsia, 6. *Vishma-Jwara* or Malarial Fever, 7. *Bhrama* or Vertigo; 8. *Galagraha* or Disphagia, 9. *Raktaarbuda* or uterine fibroids, 10. *Visharpi* and *Vicharchika* Herpes and Eczema.

Paapa Rogas of the 1st Degree intensity, which descend upto three generations and require only one/fourth or one/sixth rigor of the above pentegonal therapy. 1. *Danda Apathanaka* or Catalepsy, 2. *Apasmaara* or Epilepsy, 3. *Switra Vapuh* or Leucoderma, 4. *Kapha Vicharchika* or Psoriasis and ringworm, 5. *Valmeeka* or Elephantiasis, 6. *Pundareeka* or warts.

Abhishaapa Rogas Diseases of abnormal strains and shocks. 1. *Arsas* or Rectal Piles.

Anya Dosha Sankara Rogas. Other Septic and Toximic Rogas also frequently demand any or all of the above therapeutic expedition for the neutralisation of the complementary *Doshas* and to secure the much needed *Dosha Saamya* or Biogenic equilibrium.

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Comparative Researches in Darshanshastras & Atomic Physics

By
Dr. P. L. Jha, L.M.S., *Cant, Kanpur.*

The True nature of the Panchamahabhootas.

The *Panchamahabhoota Siddhaant* constitutes one of the Fundamental Principles of Ayurveda. The removal of this single principle from Ayurveda, will render it unscientific or quackery.

It is closely interlinked with its Aetiology, Signs and Symptoms of disease and Therapeutics.

It is impossible to comprehend them without a thorough knowledge of the intimate relationship, between the *Aadhibhoutik, Adhidaivik* and *Aadhyatmik-bhavas* (aspects) of the living beings and their environments as well.

In this little paper, an attempt has been made to show the scientific nature of the *Panchamahabhootas.*

Before expressing my views, based on comparative investigations of Ayurveda in the light of modern sciences. I beg to submit that I am not an expert of any of the two or of *Tattwa-Darshans & Vedas.*

To enable the reader to comprehend the true picture of the *Bhootas* and their relationship to mind, sensory & motor organs of the living beings, it is essential to know the followings :—

1. Evolutionary stages of the *Panchamahabhootas,*
2. Analysis of the *Panchamahabhootas,*
3. *Pratykshapramaan* or observable evidence of the *Bhootas* (matter).
4. The channel of knowledge of the objective world.

A Summary of the Evolutionary stages of the *Pachamahabhootas.*

The *Pancha-tatwas* were evolved by the *Brahmasraya Maya, Trigunaatmika Prakriti* as follows :—

Aakash from *Prakriti, Vayu* from *Aakash, Agnih* from *Vayu, Aapah* from *Agni & Prithvi* from *Aapah* :—

"ब्रह्माश्रया माया त्रिगुणात्मिकाप्रकृतिरस्ति । ततः आकाशः...पृथिवी समजायत ॥" इत्यादि ॥ १०० ॥ से ॥ १२६ ॥ तक । तत्वबोध ।

"अव्यक्तं महानहङ्कारः पञ्च तन्मात्राणि चेत्यष्टौ प्रकृतयः ।" सु० शा अ० १ ।

(That is un identifiable *Prakriti* or Nature, Cosmic mind stuff Consciousness and fine types of rediations of energy (*shakti*)

षड् अविशेषाः तद् यथा शब्द तन्मात्रं...गन्ध तन्मात्रञ्च...पञ्च अविशेषाः षष्टश्च अविशेषोऽस्मितामात्र इति" महर्षि-व्यास-कृत-भाष्यम् । "विशेषाविशेष लिङ्ग मात्रालिङ्गानिगुण पर्वाणि ॥ १६ ॥ योगदर्शन साधन पाद-(महर्षि व्यासकृत भाष्य सहित देखिये ।"

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Ref. Shankarachary's Tattwa-Bodha.

The sensory organs are evolved in the same sequence of order respectively from the "*Saattwik* parts of the *Aakash, Vayu, Agni, Aap, and Prithvi.* The *Antahkaran* (*Mun, Buddhi, Chitta, Ahankar*) is evolved from *Saattwik-parts* of all the *Panchatattwas.* In the same manner the motor organs are evolved from the *Rajas* parts of the *Panchatattwas,* and the *Panchapraanas* from the *Samashti* of the *Rajas* parts of all the *Panchatattwas.* The *Panchikrita-Panchmahabhootas* are evolved by the synthesis of *Samashti,* Tamas constituents of all the *Panchatattwas.*

Panchikaran :—

Panchikrita mahabhootas are formed by the union of half part of any *mahabhoota* with the eight parts of the other remaining four *Apanchikrita Tattwas.* In the same manner other *Panchikritta Mahabhootas* are evolved.

The *Lokas* (Universes) and the living creatures, are both evolved from the *Panchikrita Panchamahabhootas.* Hence both are identical.

Analysis of the Panchamahabhootas:—(Pravirlikaran)

This can further enable us to comprehend the structure of the *Panchamahabhoota—anoos* (*visheshas*) of *Prithvi* etc. The *Bhootanoos* are composed of *Bhootmatras* or *Tanmaatras.* These latter are evolved from *Ahankaar* which is subtler than *tanmaatras,* and the *Indriyaani* ; *Lingamatra* (i. e. *Mahattattwa*) is subtler than *Ahankar* ; *Aling* (or *Avyakta Prakriti*) is subtler than the *Lingamatra* (*Mahaan* or *Buddhitattwa*). No other *bhoota* is subtler than *Aling.* This is the end of the *Bhootas.* (matter)

सूक्ष्मविषयत्वं चालिङ्गपर्यवसानम् ॥ योगदर्शन-समाधिपाद ॥

Pratyaksha Pramaan of the Panchamahaabhootas (observable evidence of matter):—

The knowledge of these, according to *Vaisheshika Darshan* is produced through *bhootanoos or gunas* (energies) also known as *Visheshas* or ultimate *bhoutik* entities, perceptible by sensory organs.

"The modern science defines matter as that which is capable of originating objective sensations which can be perceived by any one, who is suitably conditioned to receive them as.....by sending rays of light into only eyes etc." Sir J. Jeans, "The New Background of Science." Page 12.

"Our whole knowledge of the external world of physics may be pictured as arising from the impact of photons of energy either on our sense organs or instruments. In general thousands at least are necessary to attain the threshold of sensation" Ref. Sir Jeans; "The New Background of Science." Page 235.

The channel of knowledge of the external world:—

The path by which the *Visheshas* (*Shabdroop-sparshadi* called *Indriyarthas* (sense-data as sounds, sights, feelings, tastes and smells) reach the perceivers' mind.

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"प्रत्यक्षं व्याचष्टे। .....। इन्द्रियाण्येव प्रणालिका चित्तसंचरण मार्गः तैः संयुज्य तद्गोलकद्वारा बाह्यवस्तुपूपरक्तस्य चित्तस्यन्द्रियसाहित्येनैवार्थाकारः परिणामो भवति न केवलस्य चित्तस्य.....अतो रूपादिवृत्तिषु चक्षुरादीनामपि कारणत्वं शास्त्रेषूच्यते।"

(Vigyanbhikshukrita Yogavartik of Yogdarshan.)

"In our less reflecting moments we claim a very intimate acquaintance with matter. Reflection shows how many intervening stages our knowledges of it must come:—"matter, events, effects on our senses. Travel along our nerves, passage over mind and body bridge before it reaches our minds. For this reason the matter in which the events originate may often be very different from the matter, we think, see, feel hear etc."

(Sir J. Jeans "The New Background of Science, Page 12.")

Resemblances *in the above Evolutionary stages of the* Panchatattwas *& the "Evolutionary Stages of Newest Stars" as observed by Sir Jeans.*

("Ayurveda Vigyaan-Mimaansa, Part I page 37".)

("One line of Modern Belief; Science & Thought Part" 9. (1935))

In my comments on the "Yathaartha Swaroop" of the *Panchamahaabhootas* in Hindi, references have been made to the discoveries of the present day Atomic Physics and Nuclear Physics. And to enable Modern Medical men to appreciate the Analogy and the Dissimilarities between them, it will be helpful to mention the "*Tattwas* or physical reals" of the two.

According to the *Darshans* the ultimate realities entering into the composition of the World & its contents are *Anoos* of *Panchamahaabhootas, Prithvi, Aap, Tej, Vayu, Aakaash, Dik, Kaal, Mun & Aatmaa.* The *Jivaatmaa* also called *Lingashareeri* or *Sookshma Purusha,* is composed of the *Apanchikrit Panchamahaabhootas* and has in its constitution *Mun* (mind), *Buddhi* (consciousness), *Panchapraanas, Panchayganendriyani* (sensory organs), *panch-karmendriyani* (motor organs), known as *kalas* or parts of the *Khorashkal Purusha.*

Note—The *Panchabhoutic Bhootanoos* are known as *Visheshas* or *gunas* (ultimate *perinamas).* They are *Shabda-sparsha-roop-rus* and *gandha,* or *Buddhi-indriya-vishayas* or *Indiyarthas* (sense-data) The analogues of "Photons" of Atomic Physics, are "*Anoos* of *Darshans*—the cause of perceptions or sense-data of five kinds as sounds, sights, feelings, tastes and smells.

The Differences between the *Vishcshas* of *Darshans* and the Photons of Physics are :—

The *Visheshas* are all "*Samanaska* (i. e. have subjective elements in their composition and hence are perceptible by the sensory organs also called "*Samanaska*".

(Charak and Sushruta Shaareersthan, Chapters I of each.)

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But the "Photons" are "devoid" of the undiscovered "subjective element" as yet.

(Sir Jeans New Background of Science Page 45.)

The Old Science pictured nature, as entirely detached from the mind which perceived it. Modern Science frankly admits that its subject of study is primarily observations of nature and not the nature itself as said by Sir J. Jeans.

The "*Anoos*" are of three kinds *shanta, ghora* and *moorha*. They are derived from "*Tanmaatrani* or *Avisheshas*," which are not perceptible by our sensory organs. These do not possess any of the *shanta ghora moorha gunas*. The "*ghora* and *moorha anoos*" are stated to be *Agneya* or *Vaidyutadimaya* (electrically charged particles and *Sooryaatmika Rashmayah* or light rays.

(Vrihat Jabalopnishat.)

In the *same Upnishat*, another type of entities, having opposite *Soumya* or *Rasaatmak-gunas* or chemical energies or *Madhuradimaya Rasas* as netural, acid, etc. in nature. The sources of *Soumya* "*Devas*" is moon. They pervade the *Lokas* in the form of *Anna* or foods. The sources of the *Taijas Anoos* or *Jyoti* or *Devas* (Luminous radiations) is the sun. They pervade the three *Lokas* and exist as *jyoti* or Light in heavens or *Dyuloka* as *Vidyut* in "*antariksha*" and as *Agni* or Heat or fire like *Vidyut* in the earth. (Niruble by Yask.)

The *anoos* of the *shanta ghora* and *moorha* types produce in the mind *shanta ghora* and *moorha-sangyak Pratyayas* (sense impressions) giving rise to feelings of *Sukha* (pleasure), *Dukha* (pain) or *Moha* (state of inaction or perplexity or embarassment).

That is the "*Visheshas*" are able to establish continuity between perceiver's mind and the objective world. It must be noted that *Visheshas* or *Bhoot anoos* are composed of twenty four *tattwas* as they are evolved from the *Panchikrita-Panchamahaahöotas*.

The Classical atoms of 92 kinds are all found to be composed of electrons, protons, positrons, neutrons, and possibly also nutrina and a whole range of intermediary practicles heavier than an electron, but lighter than a proton known as "Mesons". Four kinds of "Mesons" have been discovered. A French Physicist has jokingly named one as Fregoli, after a famous Italian clown.

None of the old classical atoms of 92 kinds and their components electrons protons, photons and even the recently discovered four kinds of "Mesons" being devoid of subjective elements or *Sattwanshas*, are not as yet able to establish continuity between the external world and the mind. (Science News.)

The "subjective element" has not as yet been discovered even after the continued bombardments of the protons and ejec-

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tions of the so many Mesons from the Atomic Nuclei. The exact natures of atoms, or their components mentioned above, are not fully determined as yet.

I am not in favour of the integration of imperfect ingredients of the Atoms and the *Mahaabhootaanoos*. This will not serve any useful purpose iu Ayurveda. In the light of these discoveries, the European Scientists, have not been able as yet to make the European Science of Medicine "Rational". They have not been able to tell us "what life" or a living cell is in terms of Atoms or electrons, protons, etc. as yet.

"Einstein's Relativity Theory and the Quantum Theory resemble" *Peraperattwa guna siddhaant* of *Vaisheshika* and *Bhoolmaatra* or *Tanmaatra-siddhant* of *Saankhya Darshans*.

The Yaathartha Swaroop of the Panchamahaabhootas are :—

(Sootra 44 of the Vibhutipad of Yogadarshan.)

First *Roopa* of the *Panchamahaabhootas* is defined as "*Sthool*" called *Buddhindriya* "*Vishayas*" called *shabdasparshaadi gunas* or *visheshas* or *parinaamas* (end entities or ultimate masses or energies of radioactive, dynamic or kinetic and static forms of *gunas* or energies. The "Photons" of the Atomic Physics are the analogues of this *Sthool roopa*.

Second *Roopa* of the *Bhootas is* defined as "*Swaroop*" or *Swasamnyaroop*, known by means of the special characteristics of the *Bhootas* as "Form" or *Moorti of Prithvi*, "*Snaiha*" or Moisture of water ; *Ushnaguna* of *Agni* and so forth.

Third *Roopa* of the *Bhootas* is defined as "*Sookshma*" as *Tanmatraas* or *Avisheshas*. They resemble present-day physicists' "Cosmic radiations" partially.

Fourth *Roopa* is defined as "*Anwaya*" (अन्वय). Their effects are dependent upon the predominance of the "*Sattwa or Prakaashasheel gunas, Rajas or Kriyaasheela gunas* (dynamic or kinetic). in effects, and *Taamas* or *Sthitisheel gunas* or static or potential energy mind-stuff (*Sattwansha*) existing in all the *Mahaabhoutik Drabyas* producing similar effects upon the body and minds of the living beings. For example, *Saattwik* food contributes to the *Saattwik* components of the *Indiryani* (sensory organs, mind,) and *Taamasi* food or drinks produce the effects, according to their own *gunas* on the mind and body of man.

Fifth *Roopa* of the *Bhootas* is defined as "*Arthavattwa*" or like the nature of the sense-data. It is the inducer of the *Arthakaara* "*Budhi-vrittayah*" or sense-impressions like Sounds, Sights, etc. varying with the *Saattwikadi* nature of the sense-data.

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It is to be noted that only one of the various aspects or pictures of the *Mahaabhootas*, representing only its single aspect, is not sufficient to give any one, the concept of the whole or true picture of the *Panchamahaabhootas*.

Such is the view of Sir Jeans also held about the knowledge of "Nature" :—

"We have known, how far our knowledge about nature can be visualised part by part, in a number of different pictures, although no single picture can enable us to visualise the whole truth at once".

A SUMMARY.

Analogy between Tattwa Darshans & Atomic Physics :—

(*Pancha tattwas* versus Photons, etc.)

Shadaguna Aakash, *Shabda-sparsaguna Vayu*, *Shabda-sprash-roopaguna Jyoti* or *Tej*. *Shabda-sparsha-roop-rusa-guna jal* and *Shabdasparsh-roop-rusa-gandha-guna Frithvi* are known as *Pancha-tattwas* (ultimate *bhcutik* or physical reals).

That is the *Yathaartha* or *Taituik Swaroop* excect nature of the *Panchikrit-Panchmahaabhootas* that compose this world and all its contents. The above named *Panchatattwas* exist in the structures of the *Panchikrit-panchamahaabhoot Anoos* of the *Vaisheshik darshan*, *Bhootmaatras* of *Sankhya-darshan*, in the structure of the Sensory & Motor organs, *Antahkaran* or *Mun*, *Buddhi Chitta-Ahankaar*, and *Buddhitattwakhya* or *Mahat tattwakhya Ling* of *Yoga & Saankhya darshans* and *Avyakta* or *Pradhaan* (the theoretical fundamental world stuff, termed as "Consciousness" by the leading world Scientists. The living great German Scientist Prof. Einstein is one of the belivers of this stuff—undiscovered as yet, though conjectured as Ultimate Reality.

As all the above *Bhootas* were evolved from *Brahmashraya Maya* (incomprehensible "Nature") *Trigunaatmika Prakriti*, everything else of this *jagat* (Universe) and bodies and minds of living beings contain both the *Sato-rajo-tamo-gunas* (energies) or subjective elements and *Panchattwas* or (matter).

Hence the visible or demonstrable world or natural phenomena also classified as of *Sthool*, *Sookshma* or *Peramnature* all, together, represent the whole view of nature. These are also termed as the *Aadhibhoutik*, (mechanical) or Atomic, *Aadhidivik* energy radiations photon and *Adhyatmik* as mathematical or subjective *Bhavas* or aspects of the *Lok* and living beings.

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The existences of *Trigunaatmak Panchatattwas* everywhere in the observables & unobservables, establish a continuity between the Perceiver (his *Antahkaran* internal instrument or mind) and the External world. The *Prakriti's* three *Sat-raj-tam gunas* (*Shakti* or energy) described as *Khyati Pravritti* etc. are interpreted as *Prakaasheel*, (radioactive)*Kriyaasheel*(Kinetic)and *Sthitisheel*(static)* *gunas* or three *Pradhan shaktees;* (energies) of *Ishwar* (the Creator, Preserver and Destructor). The whole Universe is classified as *Saattwik Raajas & Tamas* also varying with the preponderance of these energies, in their compositions.

प्रकाशक्रियास्थितिशीलं भूतेन्द्रियात्मकं भोगापवर्गार्थं दृश्यम् ॥१८॥

योगदर्शन साधनपाद ।

"प्रकाशशीलं सत्वं, क्रियाशीलं रजः, स्थितिशीलं तम इति

(महर्षि व्यास भाष्य) ।

References to to the *Tattwabodha* of *Shree Shankaraacharya*, Charak and Sushruta alone can enable the enquiring person, to discover the existences in nature everywhere, of the necessary substances, needed for the preservation of the living creatures, in health and diseased states.

The following *Sootra* of *Yoga darshan-reveals* an Analysis (*Virlikaran*) of the observable *Panchikrita Panchmahaabhootanoos*, into *Tanmaatras*, (*Indriyani* also) *Ahankaar*, *Ling*, and *Alinga*. This also can enable the enquirer to follow the continuity in *Prakriti-darshans* or pictures of nature, from the mechanical picture into the least understood Mathematical Picture or Ultimate *Bhoutik* (Physical Reality But atoms or their parts (electrons protons, positrons, photons Neutrons etc,) of Atomic Physics and Mesons, Nutrino, etc of the Nuclear Physics have not been able to establish the continuity between objects of the external world and the minds of the living beings.

"Sookshma Vishayattwam Chalingperyyavasanum"

(Yoga darshan Sootra 45 of Samdhipad.)

सूक्ष्मविषयत्वं चालिंगपर्य्यवसानम् ॥४५॥ योगदर्शन । विभूतिपाद

The Saankhya Sootra—Chid-avasano bhogah—This also shows the continuity of the sense-data (sights, sounds, feelings etc.) into the *Chitta* or Thought as termed by Sir Jeans in the Scientists' Picture of the Universe, in his "The New Background of Science". This concept of the "Reality" at the mind side of nature is being realised but not proved, by the Scientists as yet. They are unable as yet to imagine any model of the whole nature. They are unable to do so as they have not been able to study and find the ultimate physical reals in the sense-data. The *Yogees* discovered the different pictures by *Yoga Samyam.*

The present position in Physics today is that it has not been able to break up the Photons, discovered to be the media of the

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sense data (sounds, sights, etc.) and transferers of energy from one object to another.

They have thus been forced to continue to break up the nuclei of the atoms by bombarding them with electrical particles. This has only led to the discoveries of many intermediary particles named as Mesons, (So far four kinds,) Nutrino etc.

Conclusion :—

Thus the Photons of matter—represent, both forms of sense impressions namely material ultimates—molecules (as odours) and energy ultimates as light quanta (photons in its limited sense), photons (now used in the broader sense) connote particles and waves of energies, both).

In the *Darshans* the search for the reality underlying the objective world was commenced with the *Visheshas* (sense data) or photons of the physicists by *Yogees*.

> *"Matter gives us a rough.....but not a true picture of reality.....But we now.....suspect that events.....constitute the true objective reality" Ref. Sir Jeans. New Background of Science P. 295, page 45.*

Analogy between Agni—Somatmakam Sidhaanta and theory of Electrons and Protons:—

Just as the modern Physicists' have discovered two kinds of electrical particles in Atoms of matter, so the *Rishees* of the *Vedic* Period discovered *Aagnaiya* and *Soumya Anoos* rays (particles *deva* in the structures of the *Panchabhoutik Jagat*. It will come as a surprise to those, who never heard of any such *Arsh* discoveries before in the *Vedas*. These ultimate realities of the *Bhoutik* (materials) world are described as of two kinds–*Sushka* (devoid of moisture) and *Aardra* (containing moisture). The *Sushka* are *Aagnaiya*. They exist as Light in Heavens, as Electricity in *Aakash* or Space or *Antariksha* & as Heat in *Prithvi*, but really being different aspects of the single *Tej Tattwa* as has been discovered in this Atomic age by the New Physicists. Their source is our Sun. They pervade whole *Jagat* in the form of *Tej*. The other kind of luminous *devas* or cosmic rediations are derived from Moon (described as *Jagat-maata* or mother of our world).

The *Saumya* rays pervade the whole universe in the Form of *Anna* or Foods of various tastes, as *madhuraadirasdas* (neutral etc.)

The following references will enable the readers of this paper to verify my above statement. The two kinds of luminous *devas* or our world's cosmic rays are stated to be simply two forms of energies namely *Tej* or (Physical forces) and *Rasaatmak* or (chemical forces or energy). The *Rasaatmak* energy also contains *Souma* or electricity matter as *Bhootaagni*.

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Refer the following:—

"लोको हि द्विविधात्मकः···आग्नेयः सौम्यश्च ॥"-सुश्रुत । "द्वयं···न तृतीयमस्ति । आर्द्रञ्चैव शुष्कञ्च यच्छुष्कं तदाग्नेयं यदार्द्रं तत्सौम्यम् ॥··· अग्नीषोमयोर्हैतावती विभूतिः प्रजातिः ॥ २३ ॥—शतपथ ब्रा० (काण्ड १, प्रपाठक ५, ब्रा० ३, अ० ४, मन्त्र २३) "अग्नीषोमात्मकम् विश्वम्···। रौद्री घोरा या तैजसी तनूः···स्थूलसूक्ष्मेषु भूतेषु स एव रसतैजसी ॥ द्विविधो तेजसोवृत्तिः सूर्यात्मा चानलात्मिका । (Physical forces or Energies) तथैव रस शक्तिश्च (Chemical energy) सोमात्मा चानलात्मिका ॥२॥ वैद्युदाद्विमलं तेजो मधुरादिमयो रसः । ··· ॥३॥ ··· ॥४॥ ऊर्ध्वशक्तिमयः सोम अधोशक्ति मयोऽनलः । ··· ॥५॥-बृहज्जाबालोपनिषत् ॥

RESEMBLANCES:—*Agnaieya-devas* behave and exist like Electrons, both as *Vaidudaadimaya* (electrical) *anoos* (particles) named as *ghora* & *moorha* and as *Soorya Rasmies* or light rays of the sun (or as waves) also. The *Soumya* or *Somaatmak* or *Rasaatmakdevas* or rays originating in the moon also contain hydrogenic element like Hydrogenic Nuclei or Protonic mass existing in the centre of all kinds of atoms. The *Soumya* energy tends to go upwards. *Ordhashaktimayam* is *Soamam* (ऊर्द्ध शक्ति मयं सोमम्) and *Anal* is *adhoshaktimaya* or of opposite kind. Full moon acts like a magnet, by being co-existent with the famous "*Jwarbhaataa*" or ebb & tide phenomena of oceans. That is light-rays are electro-magnetic.

DISTINGUISHING FEATURES:—In these Vedic and New Physicists' discoveries (electrons, protons, positrons, photons, neutrons, nutrino, mesons etc.) are:—the exact natures of the latter have as yet not been stated. But the *Rishees*' discoveries have fully noted the properties so that by the aid of that knowledge, the Practical Scientists like the Vaidyas could differentiate the *Sheeta-guna* and *Ushna-guna* (endothermic and exathermic reactions) producing by *Veeryas, Gunas* etc of the *Panchbhoutik drabyas* and employ them for maintenance of health of the healthy (the main object of Preventive Medicine) and for the relief of the sick (and also for *Prakritsthaapna* known as *Dhaatusaamyakriya* restoration of normal life activities in the living matter, (the main object of Curative Medicine).

Contributors please note

Contributors are requested kindly to note the following. It is desirable that all quotations should be followed by references. As regards references, the order should be like this : name of the book, chapter, stanza number.

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Notes & News

AYURVEDIC RESEARCH AND REGENERATION

Attempts are being made by the Ayurveda Sevak Sangha (P.O. Contai District Midnapur, Railway Station, Contai Road B.N.R.) to regenerate and rejuvenate the Ayurvedic system of medicine by carrying on periodic discussion on various topics relating to Ayurveda, conducting an Ayurvedic school, affiliated with the West Bengal State faculty of Ayurveda, opening exhibitions, publishing suitable literature in furtherance of Ayurveda and by similar other means.

The next symposium to the treatment and prophylactic measures of malaria with Ayurvedic medicine, shall be held on Sunday the February 18. Those who have experience and interest in this are invited to attend with their original writings if any or send them early to the secretary. All practical suggestions and instructions and demonstrations shall be very much appreciated.

29-1-51. R. Maurty, Secretary

AYURVEDIC SEWA MISSION AT LUDHIANA

LUDHIANA, 7.1.51—Swami Brahmanand, V.B.A., and R.S. has started an Ayurvedic Sewa Mission at Chauri Sarak, Police Station No. 3, Ludhiana for the benefit of public and free treatment of poor.

Ministers of the Punjab Government and other high officials attended the opening ceremony.

All-India Ayurvedic Congress News

A Report of the Proceedings of the Meeting of the Governing Council of the All-India Ayurvedic Congress Held on January 28, 1951.

1. The meeting was attended by seventy five members from all over India.

2. Shri Pandit Omkar Prasad of Delhi, Vice President of the Congress, was in the chair.

3. Condolence resolutions on the death of Shri Vallabhbhai Patel, the late Home Minister of the Bharat Union, and on the death of Sri Pandit Kali Charan Ji, the late Vice President of the All India Ayurvedic Congress, were moved by the chair and all the members passed them keeping silence for two minutes.

4. The affiliation of the following State Sammelans was accepted.

(a) Saurashtra Vaidya Sabha, Rajkot.
(b) Punjab Rajya Ayurveda Sammallen, Jullundur.

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(c) Vindhya Pradesh Ayurveda Pracharini Sabha, Rewa.
(d) Patiala Rajya Sangh Vaidya Mandal, Sarhind.
(e) Bihar Pranteeya Vaidya Sammellan, Patna.

5. The following other sabhas were also affiliated.

(a) District Vaidya Sabha, Barrielly.
(b) District Vaidya Sabha, Bilaspur.
(c) Vaidya Sabha, Jammu.
(d) Vaidya Parishad, Champa.
(e) District Vaidya Sabha, Mathura.
(f) Vaidya Mandal, Baroda.
(g) Dhanvantri Ayurveda Sabha, Ajmer.
(h) Bombay Vaidya Sabha, Bombay.

6. Following Vaidyas were accepted as life members of the All-India Ayurvedic Congress from the date of this meetings : Ram Chandra Sharma, Aligarh ; Swami Krishna Nand, Kalera-Bogla; Yugal Kishore Tripathi, Timarni; Janardan Sharma, Raigarh; Chiranji lal, Sangrur; Hukam Chand, Sunam; Sant Sewa Das, Sunam; Chanan Ram, Lahragaga Mandi; Jagat Singh Kesri, Dhuri; Kishori lal Sharma, Barnala; Babu Ram Sharma, Barnala; Hari Krishna, Uggo Tapa; Govardhan Das Sharma, Tapa; Sadhu Ram Sharma, Tapa; Mahant Booti Das, Mahal Kalan; Beharilal Sharma, Barnala; Radha Krishna Sharma, Maudgil Kurur; Shaligram Sharma, Uppali; Harnam Singh, Barnala; Gurmukh Singh, Barnala; Mahant Jai Singh Shastry Kattu; Thakur Nathu Singh Kalera Bogla, Brahmanand Sharma, Bhatinda; Narain Singh Bhati, Mandi Dabwali; Ram dayal, Mandi Dabwali; Hansraj, Jaits; Vishweshwar Nath, Sunam; Prakash Chandra Sharma, Lahragaga Mandi; Ram Sarup Sharma, Longowala; Banarsidas Sharma, Lahragaga Mandi; Beharilal Sharma, Budarwan; Mittra Singh Mahant, Chima; Ramjidas, Mulowal; Swami Ishwara Nand, Batalia; Ram Sarup, Mimsan; Lakshman Das, Dhanauri Kalan; Bachan Ram, Dhuri; Chetram, Mulowal; Motiram, Kamikhurd; Haridas, Dhanaula; Pancham Das Udasin, Khuddikalad; Shanti Sarup Misra, Kunda; Durga Datt Sharma, Jullundar; Keshwanand Dugga, Sangrur; Navin Chandra Bhardwaj, Jagraon; Viranchilal Sharma, Islampur; Ram Pearey Awasthi, Kanpur; Devraj Sharma, Tapa; Anand Kumar Sharma, Tapa; Baba Jairam Das, Buragaon; Acharya Nityanand Saraswat, Pilani; Prakashnath Tiwari, Jullundur. Baburam, Sirhind; Dilipchand; Sirhind; Vishnu Datt Sharma, Meerut; Maharao Brajendra Vikram Singh, Meerut; Jagdishlal, Hissar; Pashupati Nath, Meerut; Satyanarain Misra, Kanpur; Krishnanand Mudgal, Meerut; Onkar Nath Sharma, Sardar Sahar; Sarojani Devi, Meerut; Harnath Tripathi, Kanpur; Shiromani Singh Gautam, Nirhana Road; Shrilal Jain, Hissar; Ram Pratap, Sirhind; Prabhakar Misra, Hapur; Harcharan Singh, Saughol; Jogindar Singh, Phagwara; Krishna Kumari, Jhansi; Madan Lal, Sangrur; Manoharlal, Sangrur; Harishchandra, Sangrur; Ratan Chand, Budarwan; Mam Chand Vatsa, Ramraj; Hari Prakash, Dhuri; Madhau Ram Ahuja, Bombay; Ram Das, Delhi; Bhuwan Chandra, Sangrur; Hargovind Sharma, Delhi; Sand Singh, Jullundur; Pran Nath Pushkarna, Amritsar; Rannagran Lakhanpal, Jullundur;

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Harbans Lal Chopra, Jullundar; Makhan Singh, Delhi; Nanak Chand Sharma, Delhi; Shambhu Nath, Delhi; Gaurilal Chanan, Delhi; Ram Nath Yogi, Delhi; Nardev Ojha, Amritsar; Banshilal Sahni, Delhi; Baldev Sahai, Jullundar; Bhim Sen, Kanpur Cantt; Brahm Sarup Chawla, Delhi; Bhagwati Devi, Jullundar, Ram Sarup, Patiala.

7. The application for affiliation of the 'Ajmer Rajya Vaidya Sammellan was placed by the General Secretary before the house. Shri Shiv Sharma Dwivedi raised the objection that the above named organization is not the representative body of the Ajmer Rajya Ayurvedic profession. After hearing the objection the meeting decided to appoint a committee of the following members to decide about the issues concerning the affiliation of Ajmer Rajya Sammellan.

(a) Vaidya Shri Omprakash Sharma (Delhi)
(b) Vaidya Shri Swami Chetnanand (Delhi)
(c) Vaidya Shri Hari Datt Ji Shastri Jullundur.
(d) Shri Swami Mangal Dass Ji Jaipur.
(e) Guru Dutt, General Secretary.

8. The proceedings of the combined meetings of the Maha Sammellan and Vidya Peeth local Sanghs, held on the 1st October, 1950 was read and accepted.

The salient points of the recommendations of the local sanghs were as follows.

1. Rupees ten thousands of the 'Shri Shankar Das Ji Pade Fund be put into fixed deposit or in cash certificates, with the United Commercial Bank Ltd., and Central Bank of India Ltd., five thousands with each of them. It was also recommended that Shri Pandit Jaggan Nath Prasad Shukla, Shri Guru Dutt, General Secretary and Pt. Ram Gopal Ji Shastri Vidyapeeth Mantri be appointed to operate the fund. Any two of the three be empowered to sign the operation.

Shri Mod Prakash Sharma be appointed as a clerk on Rs. 100/- P. M. temporarily.

Office manager Shri Tilak Ram's application was considered and it was recommended that he be given Rs. 240/- as basic pay from 1st. Nov., 1950.

9. Some forty Vaidyas from all over the country sent their opinions on the agenda before the meeting. Their names were read and opinion of the President Shri Yadav Ji Trikam Ji was read.

10. The following resolution on the resolution of the Health Minister's Conference held on the 2nd. September, 1950, was passed.

RESOLUTION

The Governing Council of the All India Ayurvedic Congress views the resolutions adopted at the last Health Ministers' Confe-

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rence on the 2nd September, 1950, with mixed feelings of satisfaction and apprehension. The Indian Ayurvedic Congress is satisfied that the Conference has resolved to recommend to the Central and State Governments to make provision for the research and education of Ayurveda and for the application of this System of Medicine for the maintenance of health and prevention and cure of disease.

However, the Ayurvedic Congress deplores the attitude of the Conference for its overstepping its sphere of deliberation by going into the details of education, i. e., the syllabus that should be adopted for the studies of the Science of Ayurveda. The Congress is of the opinion that the Conference was not a competent body to advise as to what should and should not be taught to a would-be scholar of Ayurveda. This was the function not of the Honourable Ministers gathered there, but that of the specialist in the subject, that is the teachers and Pundits of Ayurveda.

The Conference has also gone beyond its capacity and jurisdiction by advising the Government about the basic education of a student going in for Ayurvedic studies.

The All India Ayurvedic Congress hereby requests the Central and State Governments to constitute separate Directorates of Ayurveda, manned exclusively by Ayurvedic Pundits, without any further delay. It should be the function of these Directorates to go into the details of the education, research and application of this system of Medicine so that the direction of the progress and research as also the methods of education and substance of education be practicable, in the line with the Science, and for the benefit of the people of the country.

11. The meeting passed a resolution of thanks for Shri Vaidya Ramnarayan Ji of Vaidya Nath Bhawan, Patna for his acting as a host to the Shastreeya Charcha Parishad held at Patna in December last. His offer for working as a host for another similar Conference was accepted with thanks.

12. The accounts and the Balance sheet of the All India Ayurvedic Congress and All India Ayurveda Vidya Peeth of the year 1949-50 were read and passed.

13. The Budget of the All-India Ayurvedic Congress and All-India Ayurveda Vidya Peeth for the year 1950-51 were passed.

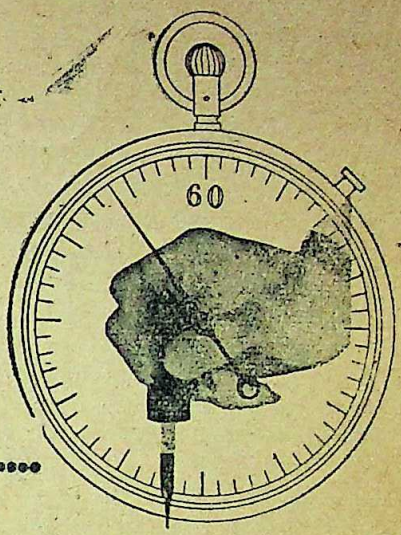
14. As the Invitation for holding the 38th. Session of the All India Maha Sammallen by the Utter Pradesh Ayurveda Sammallen was not endorsed by the Vaidyas of the town in which it was proposed to be held, the question of its holding was postponed.

15. Ammendments to the Constitution of the All India Ayurvedic Congress were discussed and passed. The Ammended Constitution of the organization will be published separately. The salient points in the amendments are as follows:

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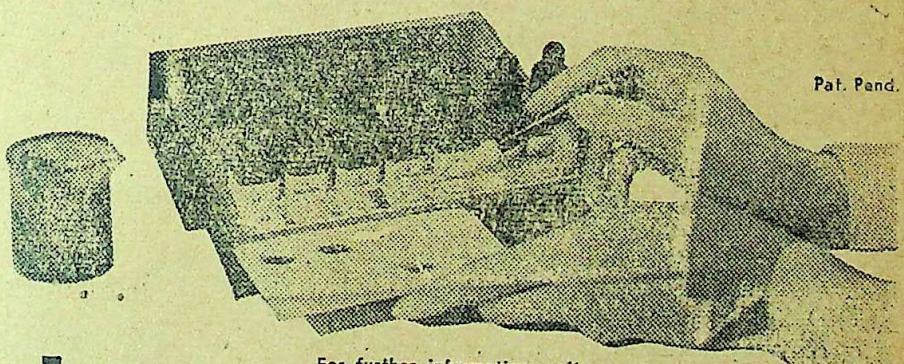
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The subscription for membership and affiliation fee were changed as follows.

Manya Sadasya :—	Rs. 10/- per annum
Representative Sadasya	Rs. 7/- ,,
Life membership	Rs. 100/- in one installment.
Ashrayadata Sadasya	Rs. 200/- ,,
Sanrakshak Sadasya	Rs. 500/- ,,

Affiliation fee for Rajya Sammellan Rs. 25 per annum

The annual session will be open for all the Vaidyas of the Country on payment of Rs 5/- as delegate fee. Certificate of being an Ayurvedic Practitioner from the secretary of the local Vaidya Sabha will be required. The election of the President will be by ballot & by the members of the Governing Council and Manya Sadasyas. The nomination of five names for the presidentship will be made by the Rajya Sammellans.

The election of all the other office-bearers will be held after every three years in the January meeting of the Governing Council of the All India Ayurvedic Congress.

The new Constitution will come into operation from 28th, March 1951 and the elections according to it will be held in the 1st meeting of the Governing Council of the next annual session.

Board of Ayurvedic and Unani System of Medicine, Delhi

In exercise of the powers conferred by section 3 (1) of the East Punjab Ayurvedic and Unani Practitioners Act 1949 (East Punjab Act XIV of 1949) as extended to the State of Delhi by the Government of India in their Ministry of Home Affairs Notifications No. 20/8/50-Judl., dated the 20th June 1950. The Chief Commissioner of Delhi is pleased to constitute a Board of the following to be called the Board of Ayurvedic and Unani system of medicine Delhi for the purpose of carrying out the provisions of the above Act for the period of two years from the date on which the first meeting of the Board is held.

1. Director of Health Services Delhi, (Chairman).
2. Principal, A & U Tibbia College, Delhi.
3. President All India Ayurvedic Congress Delhi.
4. President, the Association of the National Medical graduate of India, Delhi.
5. Dr. Khub Ram Jajoria.
6. Vaidyaratna Permanand, Supervisor Ayurvedic Dispensaries, Delhi.
7. Kaviraj Baidyanath Sircar.
8. Hakim B.M. Sharma.
9. Hakim Khalil-ul-Rahman.
10. Hakim Abdul Hamid.
11. Shri D. P. Seth, M.A.M.S.

By another notification the Chief Commissioner of Delhi is pleased to appoint Kaviraj Ashutosh Majumdar as Registrar of the said Board for the first four years from the first Constitution of the Board.



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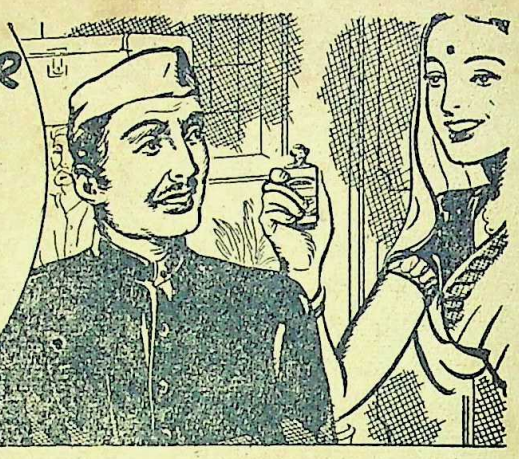
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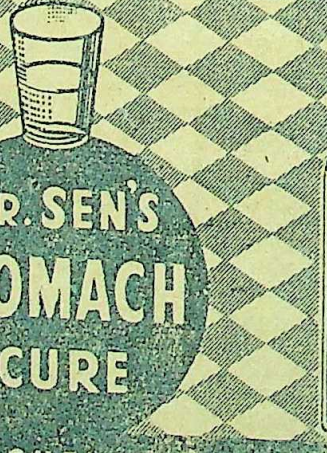
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